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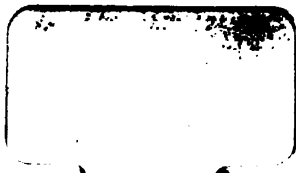
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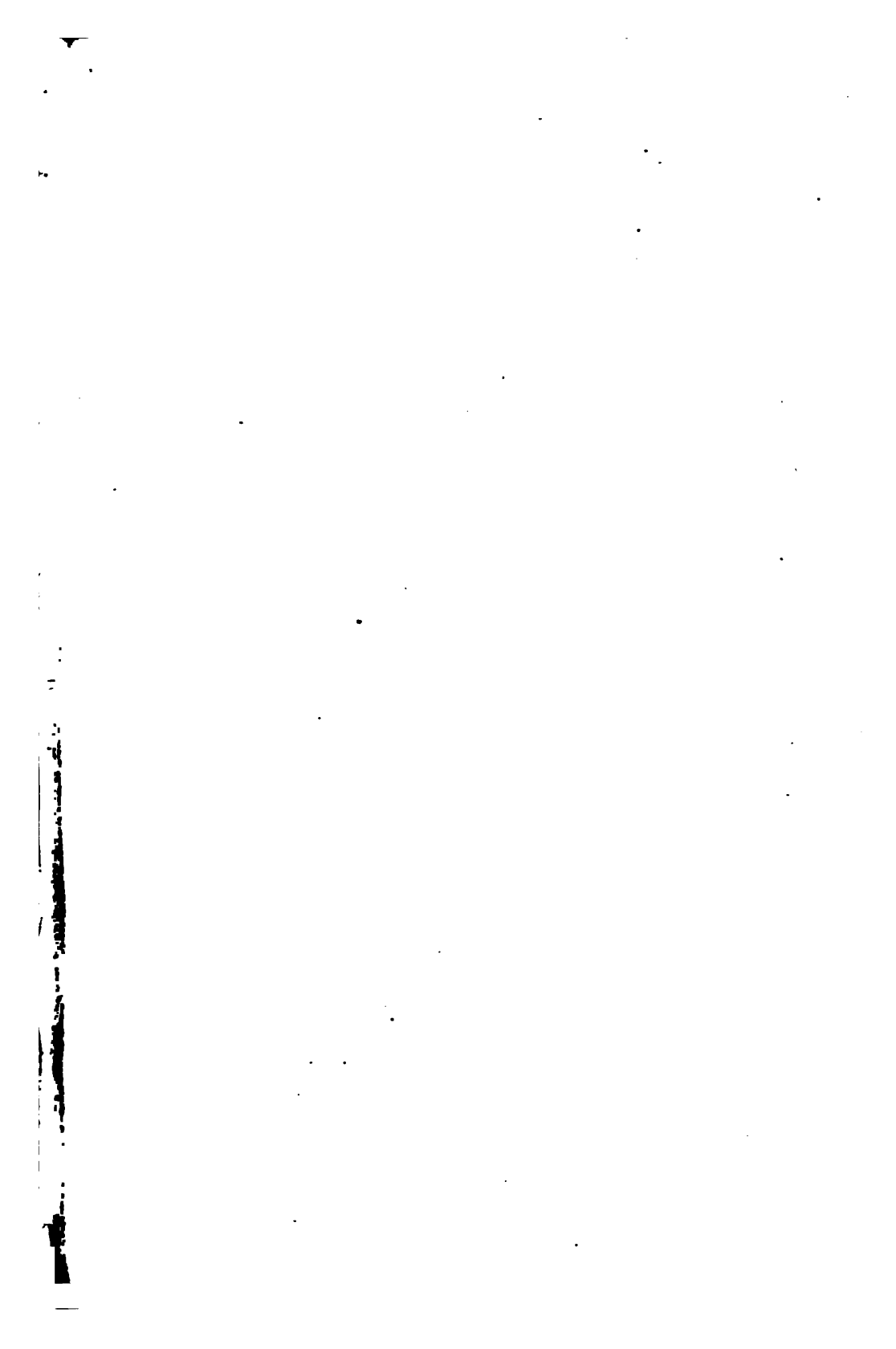
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—THE—  
**Southern Practitioner,**

AN INDEPENDENT MONTHLY JOURNAL

DEVOTED TO MEDICINE AND SURGERY,

NASHVILLE, TENN.

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**EDITOR AND PROPRIETOR:**

**DEERING J. ROBERTS, M. D.,** Late Professor of Theory and Practice of  
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# INDEX.

## A

Abcesses, Old, Iodoform in.....	482
Acetic Acid, Antiseptic value of.....	249
Actinomycosis, Pulmonary.....	378
Advertisers, Our.....	44
Albumen in the Urine, New test for.....	523
Aletris Cordial.....	177
Alternatives, Vegetable..... 41,	830
American Gynecological Society.....	402
American Medical Association.....	
80, 182, 170, 215,	254
American Medical Editor's Association, Meeting of.....	267
American Rhinological Association.....	448
Annals of Surgery.....	42
Antefebtrin, Too much.....	449
Anti-Hysterical Mixture.....	23
Anti-Septic Dressing, A new.....	27
Anodyne Compound, The latest.....	120
Annual address of Prof. Duncan Eve, M. D., President of the Tennessee State Medical Society.....	184
Aortic Aneurism.....	29
Appendicitis in the Scrotum.....	528
Aristol.....	242
Arsenite of Copper in Intestinal Disor- ders.....	518, 524
Artificial Respiration, New Method of.....	848
Asthma, Hydropneumic Treatment of.....	514
Asthma, Treatment of.....	177
Atropine in Nocturnal Enuresis of Chil- dren.....	162

三

Baxter, John H. M. D., Gen'l. Surg. U. S. A.....	401
Belladonna for removal of Renal Calculi.....	348
Belladonna in Spasmodic Troubles.....	507
Bismuth and Gonorrhoea.....	471
Blue Mass, Continued Use in Small Doses.....	296
Book Notices and Reviews, 80, 79, 121, 166, 204, 250, 304, 338, 439, 474,.....	525
Brotherhood, A world-wide.....	478
Buttermilk, Some Therapeutic uses of.....	347

**C**

Campo-Phenique.....	107
Cancer of the Mamma.....	142
Cancer Uterine.....	108
Cash, Terms.....	508
Cataract, Traumatic.....	238
Catarh, Epidemic.....	35
Celerina.....	303
Cerebro-Spinal Meningitis.....	189
Chancre, Soft.....	201

Charge to Graduating Classes, Medical and Dental Departments, University of Tennessee.....	95
Children, Insomnia of.....	816
Children, Nervousness of.....	908
Chloral Hydrate, Solution of.....	118
Chloroform.....	341
Chloroform, Pupils as a guide to administration of.....	25
Cholera Morbus Quinine in.....	28
Chronic Cystitis in Women, Treatment of.....	19
Chronic Cystitis, Treatment.....	114
Crystalline Phosphate.....	303
Clay Colored Stools.....	165
Coffee Green in Affections of the Liver.....	523
Coming for Wool they went Home Shorn.....	91
Compliment A deserved.....	491
Confederate States Army, Medical and Surgical Records.....	218
Consumption, Influenced by Carriage travel.....	157
Contagious Diseases, New Law.....	197
Contagiousness of Tuberculosis.....	288
Cystitis, Pichi in.....	524
Cystotomy, Perineal vs. Supra-Pubic.....	490

## D

Debility, Sexual.....	291
Degenerations, Trophopathy in Fibroid and Fatty.....	56
Diabetes, Diet in.....	162
Diabetes, Treatment of.....	621
Dietetic.....	87
Diphtheria and Scarlet Fever Throat, local treatment in.....	387
Diuretic.....	947
Doctors, Two.....	24
Dressing, A new Antiseptic.....	23
Dry Method of Operating.....	159
Dysentery, Treatment of.....	467
Dysmenorrhœa, Membranous.....	467

**E**

Early Bird got the Worm.....	448
Eczema.....	251
Eczema, Prescription for.....	248
Editorial Items, 43, 91, 97, 98, 127, 157, 179, 190, 223, 224, 316, 358, 359, 360, 361, 404, 405, 449, 493, 539.....	362
Egg, How to Boil.....	154
Elbow-joint, Excision of.....	114
Emergencies, Medical, Treatment of.....	67
Endometritis, A cause of Epilepsy.....	846
Epistaxis, Plugging the Nostrils in.....	63
Erythroxylen Coco.....	

# INDEX.

V

## F

Fallacies in Medicine.....	363, 407
Fecundity, Remarkable.....	291
Feeding in Wasting Diseases.....	271, 319
Fever, Continued of the South.....	486
Fluid Preparations, Standardizing.....	21
Forceps, Pica for more frequent Use of.....	1
Foreble Flexion of the body in Locomotor ataxia.....	119
Fracture of Femur, Easy treatment of.....	389

## G

Ganglions, Treatment of.....	185
Gastro-Intestinal Diseases of Children, Salol in.....	199
Glycerine Suppositories.....	437
Goitre, Treatment of by Iodoform Injections.....	246
Gonorrhoea, Bismuth and.....	471
Graduated Physicians alone Eligible.....	177

## H

Ha ! Is that so ?.....	252
Hæmorrhage, Post Partum, Turpentine in.....	203
Hæmaturia, Rhubarb a cause of.....	391
Hare-lip, best age for Operation.....	247
Hernia Reduction.....	28
Hip-joint, Amputation at.....	300
Hoarseness of Professional Singers, Coca in.....	385
Hot Baths in elimination of Mercury.....	201
Hyperidrosis Pedum.....	247
Hypnotics, When shall we use.....	520
Hysteria, Mixture for.....	27
Hysterionica Baylshuen.....	299

## I

Importance of Re-Vaccination.....	28
Incontinence of Urine in Children.....	334
Individual Prophylaxis.....	72
Infancy, Anatomical Characters, etc., of Diseases of.....	194
Infants, Intestinal Diseases of.....	297
Influenza.....	35
Influenza and Cholera.....	164
International Medical Congress, The Tenth,.....	220, 243, 422
Intestine, Puncture of, for Occlusion.....	240
Items, Editorial, 43, 91, 92, 93, 127, 137, 179, 180, 223, 263, 316, 317, 353, 359, 360, 361, 404, 406, 449, 496	539

## J

Johns Hopkins' Hospital Bulletin.....	442
---------------------------------------	-----

## K

Koch and Tuberculosis. Let us not be too sanguine.....	525
Koch on the Treatment of Tuberculosis.....	427

## L

Labyrinthine Deafness.....	390
Lactic Acid, Concentrated, as an Escharotic.....	116
Laxative, Palatable.....	29
Leprosy, Statistics of in the United States.....	41
Libel Suit.....	482
Listerine.....	178
Lithiasis.....	339

Liver, Green Coffee in affections of.....	523
Locomotor Ataxia, Foreble flexion in.....	119

## M

Mamma, Cancer of.....	148
Marine Hospital and States Rights.....	315
Mastication, Relation of to Physical Development.....	382
Medical and Dental Departments, University of Tennessee, Charge to Graduating Classes.....	95
Medical and Dental Departments, University of Tennessee Fifteenth Annual Commencement.....	128
Medical Education and Medical Colleges.....	238
Medical Journal, The Ideal.....	298
Medical Men and Medical Matters in Europe.....	495
Medical Men should maintain the integrity of the Medical Science.....	283
Medical Men, Southern.....	10
Meningitis, Cerebro-Spinal.....	139
Menstruation, Painful in Virgins.....	301
Menstruation, Profuse.....	437
Mind Cure and Faith Cure.....	344
Mineral Waters of Tennessee.....	160
Miscarriage more dangerous than Natural Labor.....	202
Mississippi Valley Medical Society.....	448, 482
Mortality, Fear of Disease a Prevention of.....	520

## N

Nævus, Cure of.....	26
Nashville Obstetrical and Gynecological Society.....	51
Nephritic Colic.....	339
Nervousness in Children.....	308
Neuralgias, Injections of Ether in.....	522
Nocturnal Enuresis of Children, Atropine in.....	162
None of my Funeral.....	357
Nose, new Method of Irrigating.....	348

## O

Obstetrical and Gynecological Society of Nashville.....	51
Our Advertisers.....	44

## P

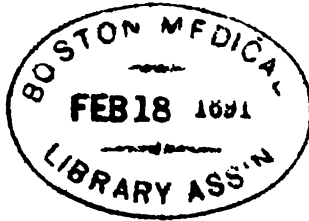
Patella, Fracture of, New Method of Treating.....	199
Peritonitis.....	532
Personal Note.....	24
Phenique Compounds.....	190
Phthiasis, Etiology and Prevention of.....	451
Picli in Cystitis.....	524
Pica for more frequent use of Forceps.....	1
Pneumonia, Contagiousness of.....	245
Pneumonia, Some Reflections on.....	236
Points to be observed by Elderly Males.....	429
Posthumous Delivery.....	349
Practitioners, General. A few Pointers for.....	513
Prophylaxis, Individual.....	72
Puritus Ani.....	437
Publishing Committees, Duty of.....	37
Pupil as a guide [to administration of Chloroform.....	25
Purpura Hæmorrhagica.....	35

## VI

## INDEX.

<b>Q</b>		
Quinine Deafness.....	28	
Quinine in Cholera Morbus.....	28	
<b>R</b>		
Remedy, applying the proper.....	435	
Renal Calculi, Belladonna for Removal of.....	348	
Report of President of Tennessee State Board of Health.....	305	
Reviews and Book Notices, 30, 79, 121, 168, 204, 250, 304, 333, 439, 474, 525		
Rhubarb as a cause of Hæmaturia.....	391	
Roach Destroyers.....	29	
<b>S</b>		
Salol in Gastro-intestinal derangements of Children.....	199	
Salve, 1890.....	39	
Saw-dust as a dressing for Wounds.....	27	
Scarlet-Fever.....	430	
Sciatica, Treatment of.....	517	
Sexual Debility.....	291	
Shoulders, Treatment of long standing dislocation of.....	166	
Sitka's Sanitary Status.....	227	
Skin Diseases, General Medication in.....	208	
Small Pox, Method of handling an epidemic in South Africa.....	402	
Snake Bites, Treatment of.....	453	
Southern Medical Men.....	10	
Southern Surgical and Gynecological Association.....	488, 530	
Standardising Fluid Preparations.....	21	
State Board of Health, Report of President.....	305	
State Rights and the Marine Hospital.....	315	
Stricture, Organic, New Method of Treating.....	178	
Substitution in Proprietary Medicines.....	161	
Succous Alterans.....	90	
Sugar, New test for.....	435	
Sulphur.....	248	
Surgery, Modern.....	380	
Surgical Shock, Pathology and Treatment of.....	75	
Suture, Subcuticular.....	193	
Syphilis, Points in the Treatment of.....	153	
		Syphilis, Treatment of by external applications..... 200
		Syphilitic Salivation, Chronic..... 222
<b>T</b>		
		Tapeworm, Pumpkin Seed for..... 351
		Teaching, Correct..... 357
		Tennessee State Medical Society, Fifty-Seventh Annual Meeting..... 175, 207
		Terms Cash..... 506
		Test for Albumen in Urine..... 522
		Testicle, Swelled..... 438
		Tetanus, Traumatic..... 492
		Texas State Medical Society..... 222
		Trachoma, Bi-Chloride of Mercury in..... 350
		Treatment of Chronic Cystitis..... 19
		Tri-States Medical Society..... 443
		Trophopathy in Fatty and Fibroid Degenerations..... 56
		Tuberculosis, Contagiousness of..... 16
		Tuberculosis, Koch and..... 536
		Tuberculosis, Koch on the Treatment of..... 427
		Tuberculosis, Preventive Inoculations against..... 436
<b>U</b>		
		Ulcer, Corneal, Management of..... 431
		Ulcer of the Leg, Chronic Indolent..... 374
		Ulcer of the Leg, Unna's Treatment of..... 519
		Upper Cumberland Medical Society..... 445
		Urine, Incontinence of in Children..... 354
		Urticaria..... 249
		Uterine Cancer..... 102
<b>V</b>		
		Vaccination..... 524
		Vale, 1889!..... 39
		Varicose Veins of the Leg, Ligature of..... 295
		Vegetable Alternatives..... 41, 390
		Vital Statistics..... 134, 321
		Vomiting of Pregnancy, Menthol in..... 249
<b>W</b>		
		Who can learn it all?..... 249
		Wounds, Sawdust a dressing for..... 27





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## *Original Communications.*

### A PLEA FOR THE MORE FREQUENT USE OF THE FORCEPS.\*

BY JAMES E. REEVES, M. D., CHATTANOOGA, TENN.

The late Dr. Edward S. Dunster in one of his classic contributions on the subject, said :

"My belief is that there is too much hesitancy on the part of many members of the profession to avail themselves of the aid of that truly conservative instrument, the forceps. I hold that, as the instrument is more frequently used, the loss of life, both fetal and maternal, will, consequently, diminish ; while the amount of the suffering thereby prevented is simply incalculable."

And he concludes his argument in these assuring, forcible words :

"I again recommend a more frequent, and as I believe a more rational use of the forceps for abbreviating the second stage of labor,

---

\*A paper read before the Chattanooga Medical Society.

feeling confident that the more we follow the practice, the more we shall see the advantages arriving from it in saving both maternal and foetal life, and in preventing an immeasurable amount of suffering, with the disasters consequent thereon, and to accomplish this desirable end, I urge upon all a more careful study of this instrument, an acquaintance with its powers for good in skilled hands, and its possibilities for evil in ignorant hands. To reduce the possibilities of injury to the minimum, the demand should be made for more thorough instruction and description for the beginner in practice."

These are the words of truth spoken by a great master in the science and practice of obstetrics, and though the tongue that uttered them is now silent in the grave, they will live forever in medical history. I commend them to your minds and hearts, and beg you to embrace them and make them a part of your experience.

To succor the child bearing woman in her hour of greatest trial is a God like service, no other duty of the physician can compare with it, for we may save not only her own life but also that of her offspring. Indeed, there is no question of greater magnitude that could concern us as physicians—no question of greater importance to humanitarians and the public generally, for it relates to the race unborn, whose safety depends upon the successful management of woman in child-bed.

Yet, if we take as our guides the old rules laid down by Wm. Hunter, Osborn, Denman and their successors in the early part of the present century for the use of this instrument, all the benefits I have just stated, will be denied our most trusting and interesting patients.

There are many cases of lingering labor owing to the failure of expulsive pains, or to slight disproportion of diameters, in which the *accoucheur* may use the forceps with immediate relief to the patient and at the same time decrease the liability of still-birth. To prove the truth of this statement, I could, if it were necessary, bring forward a formidable array of carefully collected returns from lying-in institutions both in this country and in

Europe—in fact, a great cloud of witnesses to prove the safety and value of the forceps in skilful hands.

I have been in the habit of the frequent use of forceps during the last fifteen years of my experience in practice, and am firmly of the opinion that as a rule, the *second* stage of labor should not be allowed to last longer than two hours.

In formulating my experience for recital on this occasion, I may safely affirm that my forceps cases have probably amounted to one in six cases; and that the frequency of my resort to this aid has increased as I have grown older and had more experience. My faith in the value of the instrument, in all proper cases, is founded on a large experience, not only among my own patients, but aided by many cases in the practice of professional neighbors, and thus have had fair opportunity, I think, for a proper study of the question.

The discussion of the subject this evening, brings up to my mind vivid recollections of many unnecessary lingering labors—the piteous cries of “save me doctor!” in scores of cases in the first twenty years of my practice, in which I was the witness without giving succor, because according to orthodox teaching, and in obedience to established rules by the masters in obstetrics, I was commanded to stand still, look wise, and be unconcerned, for I was assured it was “the will of God that woman should suffer in child-birth.”

But such scenes, such abiding faith in, and reliance on nature, I have long since passed by—and for ever, and am glad to tell you that in the last ten years I have but rarely found it necessary to be occupied more than two or three hours with a case of delivery.

Rupture of the perineum and a child badly *marked*, in cases where the forceps had been used, should not be brought in judgment against the use of the instrument, which in skilful hands does no harm, neither to mother nor child.

That much mischief may be done—has been done, repeatedly in every community, by the untimely and unskilful use of the forceps, I am willing to admit; but because the instrument has been abused by its improper use, is no logical argument against its proper use.

Who of us would abandon the use of opium, mercury, arsenic, or any other or all of our potent medicines, because of the ill judged or improper use made of them in some hands? Again, what surgeon would oppose the use of the scalpel, the trephine, the uterine sound, etc., because either or all of them had been mischievously used by unskilful persons? To admit such illogical reasoning as this, would be to reduce the catalogue of real benefits to poor suffering humanity, in our possession, to the gauge of a useless medical science and practice.

In all of my experience I have but rarely found it necessary to *force* the forceps through an undilated cervix to catch a head above the brim. The first stage of labor is not a threatening condition so long as the membranes are not broken or the liquor amnii retained, and we all know there can be no impaction while the head remains above the brim, or is not engaged. But if the membranes are ruptured in the beginning, the waters escaped, and the pulse rises, accompanied with heat and dryness of the vaginal passage, and, especially, if convulsions set in, then delay to deliver forcibly with forceps may cost the lives of both mother and child.

The following few simple rules have guided my use of forceps :

1. That the os and cervix are dilated, or dilatable. Notice that I say "os and cervix," because the ring of the os may be dilatable, while the circular fibers of the cervix may be so rigid and unyielding as to prevent the introduction of the blades without doing violence to the parts. In such cases, or when I deem it necessary to interfere, I employ digital dilatation, following one finger with the other until a sufficient degree of relaxation has been effected to admit the forceps, then sweep the index finger around the circle to separate the membranes attached.

2. Position on the back, with the hips resting on pillows over the edge of the bed, the rectum and bladder having been immediately emptied.

3. Never administer an anæsthetic unless in a case of eclampsia, or where the head must be opened, and then the choice of chloroform or ether should depend entirely on the condition of the patient. Chloroform is a direct sedative, and paralyses the heart and respiratory organs, while ether, in reasonable quantities

is a respiratory stimulant. In fact, chloroform may kill instantly by its stimulating effect upon the vagus nerve, some of the branches of which terminate in the ganglion of Ludwig—the inhibitory ganglion of the heart, situated in the auriculo-ventricular septum. Stimulation of the vagus increases the activity of the inhibitory center, and arrests the heart in diastole with its cavities full of blood. But should the patient be the subject of bronchial disease, disease of the kidneys, or show signs of uræmic intoxication, or have a dilated or fatty heart, chloroform is safer than ether.

4. Traction should be made only during the maternal effort or while the pain lasts; and so soon as the expulsive effort is over, open the handles of the forceps and thus take off the pressure from the head—imitating and assisting nature.

5. When the perineum becomes distended, and the scalp presenting at the os externum, bring the handles of the forceps well up over the pubes, and remove the blades by reversing the order in which they were introduced, namely: remove the right blade first, and then trust to nature and the aid which may be given, if necessary, by the finger in the rectum to make the head hug closely the arch of the pubis.

6. Use the long forceps for both the high and low operations.

And now let me tell you that since I have adopted the frequent use of the forceps, I have had fewer cases of rupture of the perineum, an accident which sometimes takes place even in the easiest labors, the *why*, nobody can tell—than occurred in my earlier experience, when I was a comparative stranger to the use of the instrument. There is in Chattanooga, a gentleman, well known to you, whose mother, thirty-five years ago, I permitted to drag out two days and two nights (waiting on nature!) in agonizing effort to be delivered of him—all this watching and waiting in obedience to a false conservatism in the “science of midwifery.” The same case in hand to-day, with my better knowledge of the use of the forceps, would be terminated as safely in as many hours as it took days and nights to “put her to bed.”

I can look back over the first twenty years of my experience in practice and call up many such cases, the memory of some of them is so grievous that I could wish I had not been so completely

handicapped by the authority of the best teachers in obstetrics, in other words, that I had been wiser in the management of my first seven or eight hundred cases of delivery.

Physicians are themselves much to blame for the dread with which women in particular and the public generally look upon the use of the so-called "instruments." All this comes from their infrequent use, or only in desperate cases. My course is this: when I am in attendance on a case, and the patient only lacks a little aid to her expulsive efforts to accomplish quickly her delivery, I say "now, you have already suffered long enough, let me assist you a little with the forceps, I will not hurt you, neither the child, and your labor will probably terminate within the next ten or fifteen minutes."

That I may be always ready to serve my patient, by the use of the forceps, I take them with me whenever called to such a case, leaving the instrument in an adjoining room, or out of the patient's sight, until I want to use it. For this habitual carrying of the instrument with me to each case, some of my professional friends used to call me by the expressive, if not elegant, *soubriquet*, "Old Forceps."

I have used them for compession, both in the high and low operation, as a simple tractor in inertia of the womb, and many, many times, God knows, speedily terminated a lingering labor, where only the value of a five or ten pound-pull was required to accomplish the delivery. The muscular force of the uterus in an unobstructed labor is about forty pounds, and by reason of extraordinary effort of the patient, may reach the maximum of eighty pounds. Suppose then that the utmost limit of the natural effort falls short, how shall the needed five, ten, fifteen or twenty pounds, as the case may be, be made up other than by the use of the forceps?

Would you try ergot to spur the already tired uterus to greater efforts? I did the like in my earlier years, and while my poor patient screamed and begged most piteously, I repeated the teaspoonfull dose of ergot; and this was aiding nature with a vengeance!

Why then shall we withhold so effective, so safe, so blessed an

aid? I look upon the use of the forceps as a moral obligation, resting upon the obstetrician as heavily as the use of chloroform and ether is a part of the humanity of surgery. I have encountered all sorts of cases, confronted the most direful conditions connected with child-birth; and how often I have humbly thanked Almighty God for having placed in my hands the instrumental means to save the child-bearing woman from unnecessary suffering, and preserve the life of her off-spring, He knows.

The family physician of the future will have charge of the pregnant woman from the time of her conception to the end of of her travail and discharge from child-bed; and then the dangers of difficult child-birth, and the loss of life, both maternal and foetal, will be reduced to the minimum.

A few days ago, I saw a case in the practice of a member of this society, which showed the cost of negligence in consulting the family physician. It was a case of eclampsia from uræmic intoxication, all which might have been prevented by timely treatment during the last weeks of the carrying.

In conclusion, let me beg that in answer to my presentation of the subject, you will speak your minds with like freedom. Some of you, my hearers, have had, I know, large experience in the practice of midwifery. Let me profit by your statement of it to-night; and if you cannot agree with me in the position I have taken, convince me by your stronger argument. It will not be a proper argument however, for you to rely upon your experience in hundreds of cases without the use of the forceps, and without a death; or say that you have found it necessary in but few instances to use forceps; or that it is a dangerous instrument? All this may be true—every word of it, in your experience—but there are other equally competent witnesses ready to testify, and have the *returns* to prove the faith within them, that by the timely and proper use of forceps they have saved more mothers in difficult cases, and had fewer still-births than when they trusted to Nature. After the question of mortality, both maternal and foetal, has been stated and compared by those who frequently use forceps and those who seldom, if ever, use the instrument, then the next question to be settled by the witnesses is which

practice—the do nothing but wait on Nature, or the frequent resort to forceps—can show the *shortest period of suffering* in child-bed, and the most speedy convalescence?

You must not forget that I have sharply drawn the line between the *abuse* of an instrument and its *proper use*; discouraged the one and applauded the other? Again, let me answer in advance, that should you base your disfavor of the use of forceps on the ground that it is taking the case out of the hand of Nature, remember that I have distinctly characterized the use of the instrument as an aid to Nature—not her mistress—as shown by my “fourth rule”: to imitate the natural efforts, or to make traction only during the expulsive effort.

Finally, with our bodies impressed by the folly of the ages; made mishapen by ten thousand unappreciable influences of heredity upon our physical natures, how much of the original physical type of woman is the inheritance of this generation? Compare the *physique* of the society young woman of to-day—waiting for her marriage, and having reached that period in her history, then longing for maternity—with the unrestrained and perfect body of her aboriginal sister. And will you assert that in the former, anatomical proportions and the physiological functions have not been correspondingly impressed? Or, that the power of Nature may be trusted as fully in one as the other?

I claim nothing more for the forceps than that the instrument may be used as a safe assistant to Nature, thereby especially shortening the duration of labor, and bringing the *second stage* within the normal space of two hours.

#### DISCUSSION.

In opening the discussion, Dr. L. Y. Green said he differed from the speaker in, that the second stage should only last two to three hours. He did not think there should be an arbitrary limit, but each case should be judged of itself. Has used the forceps but a few times. When they are properly and skilfully used they are capable of great good, and Dr. Reeves had given safe rules.

About every ten years we have the forceps craze and then it passes away.



With but two exceptions the only perineal ruptures he had seen were caused by forceps. Never takes his forceps when going to a labor.

If patient be suffering very much would give chloroform.

Dr. A. C. Carey, who recently returned from Siam, said he had used the forceps there in a few instances. That parturition in that country is managed by the natives, and a doctor is called in only in extreme cases. The Siamese doctors use no instruments of any kind in surgery or obstetrics. The foreign physicians are called in to do surgical work.

Dr. G. W. Drake agreed with the essayist that the forceps should be used without anæsthetics. He would never use them without consultation, unless delay would be hazardous to mother or child. Believes labor is a physiological process, and 'tis wrong to hasten nature when she is doing her work all right.

Dr. B. P. Key—If no progress, after second stage is entered, within two hours, would use them. After podalic version would apply immediately to after coming head.

Dr. G. A. Baxter believed the limit of time set by the essayist entirely too short. That a physiological process should sometimes be assisted, as when digestion is not properly carried on, or when the bowels do not act regularly.

If the womb don't do its duty, would help, for delay may tax the strength and lengthen recovery. Thinks the cause of perineal ruptures, after forceps' delivery is on account of quick dilatation. Would not use anæsthetics with forceps, for they diminish the womb contractions and pre-dispose to post partum hemorrhage.

Dr. W. B. Wells thinks forceps should only be used under anæsthesia. Has only seen two cases of rupture from forceps, and believes they would have occurred without them. Peritonitis oftener occurs from long and tedious labors than after the use of forceps. In the country, there is usually great opposition to their use, but in the neighborhood where he had practiced he had educated them up to the use of them.

Dr. Frank Trester Smith said it had been his privilege to listen to the teaching of Prof. Dunster, from whose paper the essayist

had quoted. He taught, that the forceps should be used as a tractor, and not as a lever or compressor. That the forceps did not cause laceration of the perineum, but that this could only be caused by too rapid delivery, and that the proper line of traction had not been observed.

Dr. Reeves, in closing the discussion, said he had repeatedly introduced the forceps without the patient knowing it, so easily may the instrument be used.

The physician should at times use the forceps in easy labors to accustom himself to their use. He would then only lock the blades and watch the motions of the instrument. He does not remember a case of rupture perineum caused by them, and only one child injured. In this case of injury there was a little mark on the head which disappeared in a few days. There is no safer instrument when properly applied.

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## *Selections.*

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**SOUTHERN MEDICAL MEN.**—(We make the following lengthy extract from the address of Dr. Hunter McGuire, President of the Southern Surgical and Gynecological Association, delivered at the recent meeting at Nashville. A worthy tribute to a noble class of men).

“It may be said with truth that, until of late, the South has not kept pace with the North in medical progress and development. This has arisen from a variety of causes. Prior to the late war, slavery was antagonistic to the development of dense populations; fertile areas were monopolized by the large planter, and he generally occupied more space than his agricultural needs required. He believed in what he called ‘plenty of elbow room.’ He was opposed to outside intruders, and desired neither development of towns nor the growths of cities in his vicinity. Criticise this policy as you may, condemn it if you will, I am not engaged in defending it, but am merely stating patent facts, in order to account for the manner in which it retarded the development of

medicine. While this was true, yet this state of society produced splendid men and women, probably the grandest on this Continent. Culture, grace, elegance, self-reliance, were its legitimate offshoots. Orators, poets, statesmen, soldiers, scientists, lawyers, ministers, and physicians, the first and greatest in the whole land, came out of it. What orator have we like Henry or Yancey, what poet like Poe, what scientist like Mathew F. Maury, what statesman like Jefferson, what jurist like Benjamin, what divine like Hoge, what soldier like Stonewall Jackson, what surgeon like Sims? And the women—how can I describe them! They were as cultured as they were refined; they were as beautiful as they were queenly, the loveliest of sweethearts, the noblest of matrons.

“Let us look for a moment, and see from whence these people of the South came, and what they have done.

“The colonial settlers of the Southern portion of North America were kindred by ties of blood, by association, and by the laws of common inheritance. They came to this country deeply imbued with the idea of civil liberty. In many instances, they were descended from a superior element of the English people. The blood of the cavalier coursed through their veins; they were prepared to organize a government, to undertake the herculean task of creating a country out of chaos. And they accomplished it.

“To these settlers were soon afterwards added another stream of emigrants who came into the South through Maryland and Virginia, and through the seaports of the Carolinas and Georgia. These were the God-loving, tyranny-hating Scotch-Irish, who have left their distinguishing characteristics, to this day, upon the people of every State in the South, from Maryland to the Rio Grande.

“When the struggle came for the defence of their rights against the Mother-Country, how quickly her sons took up arms in defense of the common cause, and how nobly they performed their part, it is useless to say, for is not the history of the time filled with accounts of their patriotism and achievements? At the council board, on the platform, and in the field, they stood pre-eminent. The enunciation of principle, the declaration of

of rights, sprung from the fertile brain of a Southerner, and to-day the readers of the American history recognize in Jefferson the foremost thinker of his age. Well has a New Englander, in speaking of Washington and the Southern soldiers of 1776, recently said: 'We must go back to Athens to find another instance of a society, so small in numbers, and yet capable of such an outburst of ability and force.' With the men of the South, the Revolution of 1776 would have gone down into the history as the rebellion of that period.

"Men of southern birth and southern rearing were the successful Generals in the war of 1812, and the central figures in 1846. The acquisition of territory was made during the administration of Southern men. Louisiana, Florida, Texas and California were acquired during their terms of office. Upon the Supreme Court bench of the United States they are to be conspicuously found. The Chief Justiceship was held continuously for sixty-three years by Southern men. I need not speak of the orators and statesmen produced in every State in the South—they are household names.

"History but repeats itself—like occasions produce like results. The patriot of to-day is but the reflex of the patriot of the past. In our late civil contest—if it be proper to call it so—for was it not rather two sovereignties waging war, the one against the other? The men of the South once more displayed the same great qualities that had characterized their ancestors in the American Revolution.

"Modern Europe stood aghast at the daring of a people they had been taught to regard as effeminate. They had expected that an ephemeral struggle would be made near akin to those which had frequently taken place among the mixed Spanish population to the south of us. Climate, temperature, the pernicious effects of slavery, were all believed to have had their influence, and to have produced a weak and vacillating people. Had luxury enervated them, had they become effeminate, had the increase of wealth and the impress of slavery, rendered them physically and intellectually inferior to the men of the North? If any so believe, let the deeds of arms that have passed into history speak. Examine the details of the well-contested battle-fields, and see if

such a declaration is true. Jackson, Lee, Johnson, Cleburne, Stuart and Forest! What tender thoughts, what hallowed associations, gather around the names of these bright stars in the Southern constellation! Does all history, does even the field of romance, furnish heroes superior, or patriots more noble? They were the leaders of an equally brave and noble people, who, when all save honor was lost, submitted to the inevitable with a dignity born only of true greatness.

And now of the Confederate Surgeon let me say a word. How can I express, in adequate terms, my admiration for him! He possessed virtues peculiarly his own. Coming from civil life, it was wonderful to see how rapidly he adapted himself to the discipline of the army, and conformed to the requirements of military life. The hardships he endured, and the privations to which he was subjected, soon transformed him from a novice to a veteran; and I can say, with truth, that before the war ended some of the best military surgeons in the world could be found in the Confederate army. His scanty supply of medicines and hospital stores made him fertile in expedients of every kind. I have seen him search field and forest for plants and flowers whose medicinal virtues he understood and could use. The pliant bark of a tree made for him a good tourniquet; the juice of the green persimmon, a styptic; a knitting-kneedle, with its point sharply bent, a tenaculum; and a pen-knife in his hand, a scalpel and bistoury.

I have seen him break off one prong of a common table-fork, bend the point of the other prong, and with it elevate the bone in depressed fracture of the skull and save life. Long before he knew the use of the porcelain tipped probe for finding bullets, I have seen him use a piece of soft pine wood, and bring it out of the wound marked by the leaden ball. Years before we were formally told of Nélaton's method of inverting the body in chloroform narcosis, I have seen it practiced by the Confederate Surgeon. Many a time I have seen the foot of the operating-table raised to let the blood go, by gravitation, to the patient's head, when death from chloroform was imminent, and I will add that, in the corps to which I was attached, chloroform was given over 28,000 times, and no death was ever ascribed to its use. Many

of the medical officers of this corps were wounded or killed on the field. One, I saw fall at Strasburg, amid the cheers of soldiers at the evidence he gave of devotion to duty. Another at Sharpsburg, facing an assault before which even veterans quailed and fled; and a third I found upon the bloody field of Cold Harbor dying with a shell-wound through his side. As I knelt down beside him, and told him his wound was mortal, he answered, 'I am no more afraid to die, than I was afraid to do my duty.' They were splendid specimens of a noble race—a race whose achievements astonished the world and rung from the foe himself a full measure of praise. During the terrible six days which followed the retreat of our army from Richmond, the medical men, by their unswerving devotion to duty, and cheerful support, contributed no little to inspire the heroism which turned our defeat into honor, and made Appomattox one of the proudest memories of the war.

"The social condition of the South, while it offered unusual and rare advantages to her sons generally, denied to the medical men, save in exceptional instances, the opportunities which were conducive to the progress and development of medicine. This peculiar Society gave to them, however, boldness of thought, independence in investigation, and they possessed the courage of their convictions; they thought well and they thought clearly; they fought their way into position at every leading medical centre in the country. Many of them started life in small towns or rural districts; and after testing their strength and gaining the confidence born of experience, they generally moved to the larger cities, North and South. Is it more than necessary to mention Frick, Goodman and Smith, of Maryland; Hartshorne, Chapman, Horner, Mitchell, Mutter and J. L. Cabell, of Virginia; Jones, Chas. Caldwell and Dickson, of North Carolina; Geddings, Beltinger, Toland and Sam. H. Dickson, of South Carolina; Miede, Arnold, Bedford and Anthony, of Georgia; Eve, of Tennessee; Nott and Baldwin, of Alabama; Stone and Jones, of Louisiana; Dudley, McDowell and Yandell, of Kentucky, to recall to your minds the great instructors in medicine in this country?

"How well they performed their part is prominently shown in

the lasting impressions they have left behind them. Historic they are, and historic they will continue to be; untold generations will arise to bless them, and they will not fade into obscurity through the lapse of time.

"How can I speak except in terms of reverence and praise of the practitioner who remained with his country clientele, and yet established national reputation; struggling under disadvantages which can only be appreciated by those similarly situated—with paucity of material, and the absence of professional association—with the requisite elements of success arrayed against him—he must be a man of genius who advances an idea, demonstrates a fact, constructs a principle, or invents an operation of sufficient importance to arrest the attention of the medical world; truly he must be a man of profound genius.

"Of such men were Crawford Long, of Georgia; Mettauer, of Virginia; McDowell, of Kentucky; Sims, of Alabama—Sims, the greatest and grandest of all men who have recently passed away. Satisfying the requirements of a continent, he traversed the ocean in order to give to Europe the benefit of his learning and experience. He claimed among his patients one or more members of the crowned-heads of Europe. The relief that he afforded suffering humanity from diseases that before his day were classed as incurable, can only be estimated by those who have examined the subject in detail. He was the pioneer of gynecological and abdominal surgery. The fundamental truths established by him will be remembered, their utility recognized, and their principles applied, so long as surgery is a science.

"He passed away in the full zenith of his glory, renowned, beloved and respected. The bronze statue, that is to be erected by his professional friends over his mortal remains, will bear but feeble attestation to the reverence with which he is regarded by the civilized world.

"Would that good taste and the proprieties of this occasion permitted me to mention the names of men in the profession, living now in the South, who have achieved for themselves great renown. Some of these gentlemen I see before me to-night, and I congratulate them upon the fame fairly won by their genius.

To the medical students, here in such numbers this evening, these distinguished men will say, as they of all others know, that genius is only hard work well-directed. Some future speaker, filling the place I occupy now, in fitter and more eloquent words, will tell another audience the names of these men, and they will go down into history as great and grand as those that I have just mentioned.

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**THE CONTAGIOUSNESS OF TUBERCULOSIS.**—Not least among the advances of the century is the establishment of the fact that phthisis may be transmitted. The labors of Lister taught the value of cleanliness even to those surgeons who do not accept all of his conclusions, and the investigations of Koch have done a like service to the general practitioner. There are many who are yet unable to decide whether the bacillus tuberculosis is the cause or the result of phthisis; indeed, the feeble response that is made to the most approved methods of administration of the most available germicides, suggests very forcibly the thought that other factors may be equally necessary to the causation of consumption, and that the bacillus is not alone all powerful for evil.

However this may be, one thing seems to have been clearly demonstrated regarding the etiology of phthisis, and that is, that the disease is transmissible; that it can be carried from one who is the victim of tuberculosis to another who is free from it. If the bacillus is not the main cause of phthisis, the conditions which favor the growth and multiplication of the parasite are those which favor the development and progress of tuberculosis.

The testimony of experimenters and clinical observers is now almost conclusive as to the possibility of the transmission of tuberculosis, although there is yet and probably always will be, a difference of opinion held as to the manner of dissemination and the way of entrance. M. Villemin, on behalf of a permanent committee appointed by the last Congress for the study of tuberculosis, to present practical conclusions concerning the prophylaxis of tuberculosis, has affirmed that tuberculosis is a virulent, contagious disease produced by a microbe (Koch's bacillus), which apart from hereditary transmission, finds its way into



the organisms through the respiratory and digestive tracts, and through wounds of the skin and mucous membrane.

There is probably not much importance to be attached to the idea of the hereditary transmission of the bacillus; in fact, is not the value of heredity as a cause of phthisis rapidly diminishing as the doctrine of contagion is made more lucid? A few years ago the victim of tuberculosis from a family in which there had been other cases, was generally thought to have in some way inherited the disease; to-day we ask if it is not probable that in consequence of close association with one or more of these cases, he acquired the disease by direct transmission of the cause.

It is well not to entirely dismiss the subject of heredity as having no part in the causation of phthisis. While direct inheritance of the disease is not probable, yet certain conditions of physique and temperament may be inherited, that favor the rapid development of the determining agent whenever it is implanted. Though it is possible that tuberculosis may be developed in a person previously in good health, yet we must conceive that it is more easily transmitted to one who through inherited or acquired systemic fault, has diminished power of resistance to disease.

Believing then that tubercular products may be carried to and planted in tissues that are ready to receive and nourish them, the study of prevention is at once suggested. So far, only partial success has crowned the efforts to eliminate the disease after it has once become established. Hence, the most important question of to-day is, can phthisis be prevented? Can the germs of tuberculosis be so thoroughly destroyed that the unaffected shall not be in continued danger from the disease?

In nearly all cases it is thought that transmission occurs in one of two ways: by the inhalation of tuberculous germs, or by their entrance into the alimentary tract with food. The two main sources are, the expectorated material from tuberculous subjects, and meat and milk from tuberculous animals. It is distinctly asserted by careful investigators that the tubercle bacillus can live in the dried muco-pus, which in the form of finely reduced dust, can enter either the respiratory or alimentary tract. Here the physicians duty is plain.

The sputa of a tuberculous patient can easily be prevented from becoming dry and disseminated through the air, especially if the patient be unable to leave his room or house. Cuspidors should contain a solution of bichloride of mercury not weaker than 1-1,000, or what is probably quite as efficient, a strong solution of concentrated lye of the groceries. The cuspidors should have straight sides so that the sputa may not dry on its surfaces, and all cloths used for receiving expectoration should be kept moist and finally burned. If even this much were insisted upon both in the sick room and about hotels and health resorts, it would surely limit one great source of transmission.

The physician should go further than this, and insist that no one be permitted to share the bed of a consumptive, nor to sleep in a bed or occupy a room that has been used by a victim of advanced phthisis until the best known methods of disinfection have been thoroughly carried out.

Prevention of transmission of tuberculosis by diseased food is a more difficult matter, yet much may be done by a careful medical attendant to lessen the danger. A consumptive mother should not nurse her child to the possible injury of both. If cow's milk be substituted, care should be taken that the source of the supply be healthy. We may not be able to estimate, but we can often prevent the danger that threatens children, especially in the city, who are daily absorbing milk from swill-fed and often diseased cows. It is no wonder that intestinal diseases closely allied to tuberculosis are constantly found in little children when the substitute for the mother so far as food is concerned, is a feverish cow, closely confined in a dirty shed and fed upon fermenting kitchen refuse and impure water.

Sometime we may have authorized a system of careful inspection of meat, but until then, this duty also must be performed by the physician so far as is possible. It is probable that diseased meat is a much less potent agent in the dissemination of tuberculosis, than either milk from infected sources or the exhalations and secretions from phthisical patients, yet whatever danger there may be from this cause should be averted.

If the march of so universal and destructive a foe to life can

be thus easily limited, no intelligent physician can afford to fail to use his best efforts to accomplish so desirable an end. It is true that there is much more to be done, but this at least is practical, inexpensive and in the right direction.—*Journal American Medical Association.*

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**TREATMENT OF CHRONIC CYSTITIS IN WOMEN.**—The successful treatment of chronic cystitis in women requires an unusual amount of patience, skill, and tact on the part of the surgeon.

In the first place, functional bladder trouble has to be eliminated from true cystitis. Pain about the pubic region and pelvis generally, frequent and painful micturition, tenesmus, the sensation that the bladder is never emptied, going on day and night for weeks, producing emaciation, exhaustion, and a life of wretchedness, may be due to a great variety of causes. It may be purely functional; piles, fissure of the anus, an ulcer of the rectum, or thread-worms in this organ may cause reflex bladder symptoms. Malaria may provoke vesical irritability; sometimes this happens without serious disturbance of the organs of digestion and alterations in the character of the urine; under such circumstances the only explanation that can be given is the effect of malaria on the nervous system.

We cannot help believing true vesical irritability is occasionally a pure neurosis, certainly there are cases which can be explained in no other way. As our knowledge of pathology, however, increases, these cases of neurosis of the bladder as well as of other organs, will become less frequent; improvement in our knowledge of the pathological changes which take place in the female urethra will surely contribute to this end. Masturbation\* is another source of vesical disorders; congestion of all the pelvic organs and irritation of the meatus urinarius follow its prolonged practice. Diseases of the uterus, especially of the cervix uteri, and displacements of the womb are common sources of functional vesical disorders. Pelvic abscesses and tumors frequently provoke this trouble. One of the most persistent and painful cases of functional vesical trouble that I have ever seen was in a woman, who still menstruated regularly at 47 years of age. She had

constant but not very severe pain until the monthly period came on, when the pain became very severe, and morphine was freely given to relieve it. I removed, in this case, the left ovary and tube, finding upon the latter a neuromatous growth, about as big as a marble; she went home in a month entirely well.

It is pretty safe to conclude, when the urine is normal or nearly so, that the disorder is functional, and not true cystitis; again, as a rule, with of course exceptions, when a woman has to void her urine frequently, and suffers pain in the act, but is relieved when the viscus is empty; or, if she attempt to hold the water too long, spasm of the bladder comes on and the urine is involuntarily ejected in spurts, then the trouble is functional; but when there is great and prolonged tenesmus, with pain and straining after the water has all come away, as a rule there is real disease of the bladder or urethra.

The only way to treat functional bladder trouble is of course to correct, if possible, the cause. A displaced womb must be replaced and retained in its proper position; a diseased womb must be cured, rectal trouble relieved, a foreign body in the bladder removed, etc. It is of the treatment of true cystitis, chronic in character, uncomplicated by other disorders, that I wish to speak.

Generally, in chronic cystitis, the urine is loaded with phosphates, and muco-purulent matter; it is also more or less alkaline. Before any operative interference is undertaken, the urine should be made normally acid; this can generally be accomplished by the free use of citric acid in the shape of lemonade, or lemon juice and water; the mineral acids act more slowly, and benzoic acid is not often well borne by the stomach, if administered for too long a period of time. I have seen the use of citric acid in one day remove a thick phosphatic crust on the edges of a vesico-vaginal fistula, or on the wound through the perineum in lateral lithotomy.

The first step in the surgical procedure is to dilate the urethra far enough to temporarily paralyze the sphincter muscle. This should be done while the patient is under the influence of an anæsthetic. I use for dilatation a three bladed urethral speculum,

and after the expansion has been continued far enough, the speculum is removed, and the finger introduced into the bladder. The dilatation should be done slowly, twenty or thirty minutes being required before the process is complete; after this a short piece of drainage tube is introduced into the bladder, and the urine allowed to drip into a cup between the legs of the patient, if she lies on her back, or close to the hip if she is lying on her side. The latter is preferable, as in that position the tube is more easily retained. The tube should be introduced into the bladder only far enough to drain the organ, and the free end should be just long enough to drip the water into the cup. If too long, it will be pulled out of the bladder by its own weight. The object of the treatment is to give the bladder complete rest. The tube should be kept clean by occasionally washing or changing it. It is a good plan to wash the bladder out through the tube once or twice a day with hot water. I published an account of the treatment of obstinate chronic cystitis by drainage in 1874. Since that time I have repeatedly resorted to it, and with great success. For the last three or four years I have added dilatation of the urethra to the drainage, in this way making physiological rest of the organ more complete. If the paralysis of the canal and sphincter pass off before the cure is effected, dilatation must be repeated.—*Hunter McGuire, M. D., in University Medical Magazine.*

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THE WORK ALREADY DONE IN THE DIRECTION OF STANDARDIZING FLUID PREPARATIONS.—The first and most notable advance made in the direction of supplying standardized preparations not open to the dangers of the existing Pharmacopœial process for fluid extracts, was by Messrs. Parke, Davis & Co., who introduced in 1883, a class of assayed preparations which were entitled Normal Liquids. The standard decided upon for these fluids was the result of long experience in the collection, purchase, examination and analysis of crude drugs with a determination of the amount and character of their active principles. The reliability of normal liquids soon led to their large consumption, and the medical profession have evinced their preference

for them to such an extent as to make them now an established and popular method of exhibiting the toxic and narcotic drugs.

Normal liquids may be defined to be concentrated tinctures, the methods of manufacture of which serve as models for imitation. They represent more closely than fluid extracts made by the present Pharmacopœial methods the average standard strength of crude drugs. The simplest explanation of their nature would probably be to regard them as fluid extracts adjusted by assay to a fixed standard of strength which make them absolutely uniform in composition and therapeutic action.

The favor with which normal liquids, and assayed products generally, have been received by representative men of the medical profession, has led us to believe that the best interests of pharmacy will not be served unless these or like preparations are officially recognized. For concentrated tinctures of a definite strength, the name "normal liquids" appears to be happily chosen, as it implies a definite standard of strength. The list should embrace preparations of the more potent crude drugs, 1 Ccm. representing 1 gramme of drug of standard strength.

It does not seem to us from a careful review of all efforts made in this direction that any have met with equal acceptance, or merit as much appreciation. Whatever may prove to be the decision of the Committee as to making such assayed preparations official, there can never be any question as to whom the honor of their actual practical introduction is due.

As the time approaches when the revision is to take place (and in the minds of thinking men the standardization of fluid extracts is now an accepted fact), there will no doubt be many competitors for this honor who may claim by reason of a mushroom like growth in the field of this new departure, official recognition for scientific work.

It will be necessary on the part of the Committee of Revision therefore, to carefully investigate the claims in this direction, and when awarding the credit for such work to see that they do not place the laurels upon the wrong brow.

Unsupported and disinterested scientific labor, no matter from what source, should always be welcomed with the endorsement of

scientific men, and we sincerely trust that the efforts made in this direction by those deserving it, will receive full appreciation at the hands of the compilers of the forthcoming Pharmacopœia. —*Medical Age.*

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**A NEW ANTISEPTIC DRESSING.**—In an address delivered before the Medical Society of London, and published in the *Lancet* of November 6, Sir Joseph Lister details a series of experiments undertaken with the view of perfecting the antiseptic method of which he is the well-known author. The great objections to the use of corrosive sublimate and the biniodide of mercury have been their irritant and toxic properties when employed in sufficient strength. These effects are not shared by the double cyanide of mercury and zinc—the new antiseptic recommended by Lister.

The double cyanide requires three hundred parts of blood serum to dissolve it, and if it is present in the gauze in the proportion of about three per cent., blood serum may soak through such gauze without washing all the ingredients out. It is therefore a material which is admirably stored up in the dressing, while in the case of corrosive sublimate, the discharge permeating the successive layers of the dressing, dissolves out the antiseptic and becomes so highly charged with it as to prove intensely irritating to the wound and surrounding parts. Aside from these advantages, the double cyanide is completely trustworthy. In actual practice the few layers of it placed next to the wound are washed in carbolic solution, this dissolving out the corrosive sublimate, which though present in small amounts might produce some irritation of the wound. The carbolic acid soon flies off, and there is left next the wound merely the unirritating cyanide.

Professor Lister has employed this antiseptic in his surgical work at King's College Hospital during the course of the year, and his results have been of so satisfactory a character as to warrant him in recommending it to the profession. In not a single instance was deep-seated suppuration or septic inflammation observed under its use, and in a case of psoas abscess at present in the hospital, the disease has run a perfectly aseptic course after the evacuation of the purulent contents. In this man's case, the

author states, the temperature has never been affected in the least; he has put on flesh rapidly, and the discharge, after the purulent and curdy matter that existed originally in the abscess was got rid of, has been of a serous character and in small and diminishing quantity.—*International Journal of Surgery*.

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**TWO DOCTORS.**—Comparisons are odious, we do not doubt; still there are those which may be made under the guise of profit and in such a manner that the odium loses its acid sharpness by reason of mollifying alkalinity of knowledge.

Doctors do differ in a multitude of ways, strange as it may appear, a similarity of work, of knowledge, and of duty, does not constitute a similarity of actions. There are good doctors and bad doctors; quick and slow doctors; temperate and intemperate ones; scientific and empirical; exacting and careless; fussy and super-dignified. And why not—one must not expect too much generality in a profession, which, far from being a specific one, is loaded to its capacity with a surfeit of improper conclusions.

But how about the two doctors? Let us picture them. No. 1 exaggerates his patient's affection, calls it diphtheria instead of a simple tonsillitis; speaks of preventing an attack of typhoid fever or scarlatina, with which the poor one is threatened. His brother, more honest, more scientific and less ignorant tells the truth, nor lends himself to vain chicanery. Which will you chose, which will you emulate? For the sake of that spark of honesty, small perhaps, which exists in the breast of every one, let us hope the better one will be your choice.

It is a sad parody upon truth that in most instances the former will gain the larger competency, for few men are sick who do not imagine they suffer from untold ills or who are not pleased to have the worst side of the story. Again the recovery, which is perfectly natural, furnishes him with an admirable topic for years to come, for in these days of tedium and *ennui*, it is more entertaining to a man to speak of his narrow escapes from death than of the more common-place occurrences that fall to the lot of the human race.

Still it is to be greatly deprecated that a noble profession (at



least it is true of a majority), should lend itself to such a base deception—a practice that is calculated not only to lead the public astray but to injure an honest doctor, who tells the truth and who for his pains and candor is dismissed from his case and assailed as being incompetent, untrustworthy and ignorant; this too, because his brother (sic) lies for gold.—*St. Joseph Med. Herald.*

THE PUPIL AS A GUIDE IN THE ADMINISTRATION OF CHLOROFORM.—As a result of experiments upon animals and of observations made upon man, Dr. H. I. Neilson formulates the following conclusions: 1. The first effect of chloroform narcosis on the pupils consists in a dilatation which varies in intensity and duration in different individuals. As the anæsthesia becomes more profound the pupils then begin to contract, and finally become very small and immovable. If now the chloroform is pushed still further, a sudden dilatation occurs, which is the result of asphyxia, from which the patient seldom recovers; 2. As long as the pupil is observed to dilate in response to sensory stimuli, such as pinching the skin, the anæsthesia is not yet sufficient to allow the commencement of the operation; 3. As soon as the pupil becomes strongly contracted and immovable, the administration of the anæsthetic must be suspended until a commencing dilatation is observed, and the patient must be held at just this point as long as the operation continues; 4. Vomiting causes a dilatation similar to that occurring as the patient emerges from the narcotic condition, but it is usually more sudden in the former case. In experiments upon dogs it was found that the contraction of the pupils did not begin until the blood-pressure was somewhat reduced, and that the dilatation proceeded *pari passu* with the increase in the blood-pressure. The author regards the appearance of the pupil as a very reliable guide for the administration of chloroform, as by it he is enabled to judge accurately concerning the condition of the patient.—*La Riforma Medica.*

SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Greifswald.

**QUININE DEAFNESS.**—Dr. I. E. Atkinson in an article on Cinchonism, thus explains the action of quinine on the ear. "Very singularly the effects of quinine upon the sight and hearing appear to be attributable to two quite opposite conditions. Upon the ear the action is decidedly hyperæmic, upon the eye it is even more pronouncedly anæmic. How these changes are induced is quite unknown. It is generally assumed that they depend upon influences exerted through the vaso-motor center.

Regarding the ear, Kirchner concludes that the cause of the pathological changes after quinine is probably a vaso-motor disturbance whereby not only transitory alterations are excited, but also a paralysis of the vessels with congestion and exudation in the different parts of the organ of hearing. With this condition of the aural blood-vessels concurring, it seems difficult to refer the alterations to a central vaso-motor lesion. It is altogether more probable that the vaso-motor effects are local."

As to the permanent effect of quinine upon the hearing he says: "So far as I have been able to ascertain, permanent complete deafness from quinine has never been reported; indeed, complete temporary deafness is exceedingly rare."

That quinine is capable of producing complete permanent deafness in a normal ear has not, I think, been shown, but that it may accelerate a pathological process, the foundation for which already exists is probable, and certainly its temporarily injurious effect upon many aural affections is admitted. Though occasionally of service in anæmic cases it is a drug whose use in aural therapeutics is very limited.—*Jour. Amer. Med. Assoc.*

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**CURE OF NÆVUS.**—The case is recently mentioned, editorially, in the *N. Y. Medical Record* of nævus treated by Dr. Holgate, and cured by injections of alcohol. The nævus was situated outside the right ala nasi of a boy four years of age. It was half the size of a filbert, soft and compressible, but swelling out quickly when pressure was relaxed. At birth it was a port-wine mark, level with the skin. It had several times bled profusely and persistently, and Dr. Holgate determined to try the injection of ninety-five per cent. alcohol. Applying a common eyelid-

clamp around the base of the growth, to arrest the circulation, he passed a hypodermic needle through its centre, longitudinally, near its base, and injected from five to seven minims of rectified spirit of wine, gradually withdrawing the needle as he injected. The tumor became quite solid. Finding it, a fort night later, softer and much shrunken, he now passed the needle into the the growth at a point from which its vessel-supply started. Six weeks later, it was one-eighth its original size. It was injected again at this time, and a fourth time two months later, but the nævus had become so small that the operation was difficult. Three years later, when this communication was made, the nævus had become so reduced, and the skin over it had so far regained its normal condition, that no difference between the alæ was perceptible, except upon close inspection. The doctor lays stress upon encircling the growth with a ring, to confine the alcohol to the growth, and to prevent coagula entering the circulation.—*Popular Science News.*

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**ANTI-HYSTERICAL MIXTURE.**—For the relief of the different phases which that hydra, hysteria, may assume, I know of nothing better than a maximum dose of ipecac, followed by warm water until free emesis is produced ; then the following, which I think, as regards nauseousness, easily takes precedence over everything I have ever devised : . A half ounce of the bromide of potassium, the same quantity of tincture of assafoetida, one ounce of a good fluid extract of valerian, with camphor water enough to make two ounces. Of this, administer one teaspoonful at short intervals. Usually the fight between this mixture and the hysterical "spirit" is of brief duration.—*Dr. S. M. Ward, in Pittsburgh Medical Review.*

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**SAWDUST AS A DRESSING FOR WOUNDS.**—*Cosmos* suggests the use of fine soft sawdust as a dressing for wounds, and as a vehicle for medicaments or antiseptics. It says that the dust, freed from splinters and sharp bits of wood by sifting, when used alone and dry, makes a clean and grateful dressing ; that it readily takes up and holds the discharges without packing or adhering ; and that it is easily rendered antiseptic by any of the methods used

in preparing antiseptic cotton or wool. The *St. Louis Medical and Surgical Journal* suggests that our yellow pine sawdust, rich as it is in turpentine, would prove of itself a valuable antiseptic application.—*Med. and Surg. Reporter*.

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THE IMPORTANCE OF RE-VACCINATION.—The *London Medical Recorder* quotes from a pamphlet by Dr. Gerstacker on the sanitary importance of re-vaccination as exemplified in Germany since 1874. That was the year in which the re-vaccination of school-children was enforced, the result of which, according to Dr. Gerstacker, has been the almost total extinction of small-pox. From that year the German army began promptly and strikingly to feel the effect of the law, although no difference was intended or carried out in the army regulations. Dr. Gerstacker places the average duration of the protection against small-pox at ten years.—*N. Y. Med. Journal*.

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QUININE IN CHOLERA MORBUS.—Dr. W. Morehouse Galliger reports in *Ther. Gaz.*, that he has found that quinine has an almost specific effect in the cholera morbus of adults. He says that he once gave it to a case of the kind, in three grain doses, because she could retain no morphine on her stomach, and for the want of anything else to give at the time. To his surprise she retained the quinine and began to improve. Since then he has used quinine in all similar cases and has never known it to fail.—*Weekly Med. Review*.

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HERNIA REDUCTION.—According to the statement of Geo. H. Stroup, of Penna., he never has failed to relieve any case of hernia, even after failure of taxis and other plans, by the following: Place a piece of absorbent cotton over the tumor and saturate with ether. He says no operation for hernia will ever be needed when this plan is followed for sufficient time.—*Medical Summary*.

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“IT is the essence of quackery to deal in mysteries and nostrums; it is the glory of medicine that it owns no patents and conceals no discoveries.”—*Pittsburgh Med. Review*.

**A PALATABLE LAXATIVES.**—Make a strong concentrated infusion of senna leaves; strain this through a muslin cloth, and boil in the strained liquid as many *prunes* of good quality as can be well boiled in the quantity of infusion. Stew the prunes in in the liquor thoroughly, in the same manner as if for the table, properly seasoning. When well cooked put in a glass jar, screw the top down tightly and set in a cool place. Two or three or four of these prunes eaten during the day will overcome some of the severest cases of constipation. There is no suggestion whatever of the senna in the taste of the prunes, and the effect is most desirable. If taken at bed time, when a laxative is desired the bowels will move nicely in the morning. They can be taken on the most sensitive stomach, and when other laxatives would produce undesirable results.—*Chi. Med. Times.*

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**ROACH DESTROYERS.**—Roaches may be exterminated if the following powder is liberally sprinkled in the cracks and corners of their rendezvous.

Borax.....	37 parts.
Starch.....	9 “
Cocoa.....	4 “
Mix.	

—*Phila. Med. and Surg. Reporter.*

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**AORTIC ANEURISM.**—The usual method of treating aneurism of the aorta consists in absolute rest, restriction to the most limited diet, and the administration of iodide of potassium, digitalis or ergot, or some combination of these drugs. This method has given excellent results in a number of cases, and there are few in which surgical procedures are justifiable or likely to succeed.—*Phila. Med. and Surg. Reporter.*

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**AN efficient means of detecting the morphine habit** is by adding a few drops of tincture of perchloride of iron to the patient's urine. A characteristic blue tinge results if he is a morphine user.—*N. Y. Medical Times.*

## *Reviews and Book Notices*

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### A TREATISE ON DISEASES OF THE NOSE AND THROAT, in Two Volumes.

By FRANCKE HUNTINGTON BOSWORTH, A. M., M. D., Professor of Diseases of the Throat in the Bellevue Hospital Medical College, New York; Consulting Physician to the C. D. P. Department of the Bellevue Hospital; Fellow of the American Laryngological Association; of the American Climatological Association; of the New York Academy of Medicine; Member of the New York Laryngological Society; of the Medical Society of the County of New York, etc., etc. Volume I. Diseases of the Nose and Pharynx with Four Colored Plates and 182 Wood Cuts. William Wood & Co., Publishers, 56 and 58 Lafayette Place, New York. -

We have received through the courtesy of the publishers, the first volume of the above work, which is one of a series of works on specialties in medicine being issued by Messrs. Wood & Co. The volume contains 670 pages profusely illustrated, and in mechanical execution is first-class and fully up to the high standard maintained by this enterprising publishing house.

We have perused the above work with no ordinary pleasure. We were first induced to do so by the renown of its distinguished author, and having commenced to read, we finished it as a labor of love. It is strangely perspicuous in style, concise, and yet exhaustive, and should not only be on the table of every specialist of the subjects treated, but also, upon that of every general practitioner who pretends to keep abreast with current medical thought and improvement. The time has arrived when mediocrity of attainment in medicine is barely respectable, and the public expect that the general practitioner will at all times be able to inform himself of the most advanced views of the specialists. This he can only do by always keeping their best works for ready reference.

It will be remembered that in 1881, the author published a work upon diseases of the nose and throat, and the present volume was commenced as a revision and second edition of that work. It soon became evident to the author that the advances made in information upon the subjects treated in that work since the period of its publication had been so great as utterly to preclude the idea of re-writing it, so the attempt was abandoned and the present volume is essentially in every respect a new work.

In the first section of the volume before us, the author considers diseases of the nasal cavities proper; in the second, diseases of the naso-pharynx; and in the third section he presents us with descriptions of the various operations which have been resorted to for the removal of growths from the nasal passages and the naso-pharynx.

The author has made more distinctive and definite than usually found in works upon the subject, the separation of the nasal and naso-pharyngeal cavities, considered in their anatomical, physiological and pathological relations with each other. Our writer is exceedingly happy in his grouping of the various operations performed to facilitate an entrance into the nasal and naso-pharyngeal cavities, and thus makes the reader familiar with the many resources at his command in dealing with the various forms of neoplasms so common to their localities.

We have an interesting consideration of the atomizer from its invention and crude state to its present almost perfect form, and he has emphasized the importance of atomization in the various morbid conditions of the upper air tract.

The writer has succeeded admirably in making his work a necessity, not only to the specialist, but also of great interest to the general practitioner. We shall await anxiously the appearance of the second volume, and bespeak for it a wide circulation among the profession.

EDUCATION AND CULTURE AS RELATED TO THE HEALTH AND DISEASES OF WOMEN. By ALEX J. C. SKENE, M. D. 12 mo. Paper, (*Physicians' Leisure Library*). Price, 25 cents. Geo. S. Davis, Publisher, Detroit, Mich, 1889.

The subject matter of this very interesting little brochure was

gathered by observations made mostly during the study and practice of the science and art of medicine, by one of the ables and most progressive men of the day.

He concludes his prefatory remarks with the following paragraph :

"Although the work may fall altogether short of the mark aimed at, it may be useful in directing the attention of others to the subject, and possibly provoke comments and criticisms which may have something useful in them."

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. Vol. IV., No. 3, Dec. 1889. 8 vo., pp. 300. Published Monthly. Subscription price, \$10.00 per annum. Single Copies, \$1.00. Wm. Wood & Co., Publishers, 56 and 58 LaFayette Place, New York

The December number of this excellent series is fully up with its predecessors. It contains a "Practical Treatise on Baldness," by Geo. T. Jackson, M. D.; "The Sphere, Rights and Obligations of Medical Experts," by Jas. J. O'Dea, M. D.; Pathology and Treatment of Ringworm," by Geo. Thin, M. D.; "Notes in Dental Surgery," by J. Smith, M. D., LL. D.; and "Sounding for Gall-Stones, and the Extrusion of Gall-Stones by Digital Manipulations," by Dr. Geo. Harley, F. R. S.

All are most excellent and well worth the money.

MEDICAL PNEUMATOLOGY: A PHYSIOLOGICAL, CLINICAL, AND THERAPEUTIC INVESTIGATION OF THE GASES. By J. N. DEMARQUAY, Surgeon to the Municipal Hospital, Paris; Member of the Imperial Society of Surgery, etc., etc. Translated by SAMUEL S. WALLIAN, A. M., M. D. 8 vo. Wood-Engravings. Price, Cloth, \$2.00. F. A. Davis, Publisher, 1231 Filbert Street, Philadelphia, 1889.

The influence of oxygen and other gases as therapeutic agents in medicine and surgery is of no little importance at this time. Oxygen as a therapeutic agent, has during the past twenty years acquired no little prominence, and a treatise devoted to the medical and surgical properties of this and other gases will unquestionably prove of value.



This work is divided into two parts. Part I, devoted to a consideration of the physiological and pathological effects of the various gases; and Part II, to physiological and therapeutic considerations; practical physiological experiments having been resorted to in the elucidation of these important points.

The original work of Demarquay consists of 861 octavo pages; and the translator in addition to his correct rendition of the author, has abbreviated this to a handy, practical volume that cannot but prove of interest and value to the active practitioner.

The work is dedicated to Prof. Trousseau. The letter-press, illustrations, paper and binding are first-class in every respect.

**MATERIA MEDICA, PHARMACOLOGY AND THERAPEUTICS.** By JNO. V. SHOEMAKER, A. M., M. D., Professor of Materia Medica, Therapeutics, etc., in the Medico-Chirurgical College of Philadelphia; and JOHN AULDE, M. D., Demonstrator of Clinical Medicine and of Physical Diagnosis in the Medico-Chirurgical College of Philadelphia. In Two Volumes. Vol. I. Pharmacy, General Pharmacology and Therapeutics, and Remedial Agents not Properly Classed with Drugs. 8 vo., Cloth, pp. 353. Price, \$2.50. F. A. Davis, Publisher, 1231 Filbert Street, Philadelphia, 1889.

In the first volume of this new candidate for professional favor, we find Part I, is devoted to a brief consideration of materia medica, pharmacy and pharmacology. In the classification of medicines, we find internal and external remedies and chemical agents. In the general consideration of therapeutics, we have the modes of administration, absorption, elimination and incompatibility of remedies; the prescription, abbreviations, hypodermatic medication, alimentation, rectal alimentation and medication, and dietary for the sick.

Part II, gives a thorough consideration of electro-therapeutics, oxygen, hydro and masso-therapeutics, heat and cold, mineral waters, metallo-therapy, transfusion, hypnotism and suggestion, earth dressing, Baunscheidtismus, climatology, light, music, blood-letting and suspension.

The very latest suggestions in regard to therapeutical agents and measures are fully considered.

**THE EVIL THAT HAS BEEN SAID OF DOCTORS.** Extracts from early writers, collated from "Le Mal Qu'on a Dit Des Medicus," of Dr. S. S. Witkoski. Translated, with Annotations. By T. C. MINOR, M. D. (Reprint from the *Lancet-Clinic*), paper, pp. 136. Price, 50 cents. Robert Clarke & Co., Publishers, 61 West Fourth Street, Cincinnati, O.

This interesting little brochure contains extracts from the early Greek and Latin authors; from French writers; popular French anecdotes reflecting against Doctors; and extracts from English writers. While much good has been said of doctors, the evil that has been charged to them is here portrayed in a very interesting, entertaining and readable manner. It is well adapted to whiling away a leisure hour.

**WOOD'S MEDICAL AND SURGICAL MONOGRAPHS.** Published Monthly, at \$10.00 a year; Single copies, \$1.00. Wm. Wood & Co., 56 and 58 LaFayette Place, New York. Vol. IV., No. 3, November, 1889.

Any of our readers who have subscribed to this valuable series during the year, may well congratulate themselves in a most judicious investment. The November number contains an article on "Surgery of the Knee-Joint," by C. B. Keetley, F. R. C. S., in two chapters; thirteen chapters by Jonathan Hukkinson, Jr., F. R. C. S., on "Aids to Ophthalmic Medicine and Surgery"; and thirteen chapters on "Bacteriological Technology for Physicians," by Dr. C. J. Solomonsen.

**DIABETES MELLITUS AND INSIPIDUS.** By ANDREW H. SMITH, M. D., Professor of Clin. Medicine and Therapeutics, at N. Y. Post-Graduate Medical School, etc, etc. 12 mo., paper, pp. 75. (*Physicians' Leisure Library*). Price, 25 cents. Geo. S. Davis, Publisher, Detroit, Mich., 1889.

The author, has not attempted, in this little work, to compress all that is known about so important a morbid condition as Diabetes, but has laid down facts that will most interest those who have to manage cases of this disease. He hopes that the reader, if he finds nothing new in the work, will at least find something practical and helpful.

SAUNDERS' QUESTION-COMPENDS, No. 5. **ESSENTIALS OF OBSTETRICS**, arranged in the form of Questions and Answers. Prepared especially for Students of Medicine. By WM. ESTERLY ASHTON, M. D., Demonstrator of Clinical Obstetrics, Jefferson Medical College, and Chief of Clinic for Diseases of Women; Member of Obstetrical Society of Philadelphia, etc., etc. Illustrated, pp. 220. (Fourth Thousand). Cloth, price, \$1.00. W. B. Saunders, Publisher, 913 Walnut Street, Philadelphia, 1890.

A most excellent little volume that will greatly aid the student in acquiring a correct and practical knowledge of the obstetric art and science. It is a most admirable compend, and fully up with the latest developments in this department, and is one of the best condensations we have seen.

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### *Editorial.*

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#### INFLUENZA—EPIDEMIC CATARRH.

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From the news journals of the past few weeks indications point pretty strongly to the possibilities of a visitation of epidemic catarrh; a morbid condition attracting attention more by reason of its pan-demic character than fatality in its effects. For some weeks past the greater portion of the people of Western Europe—France, Germany, and even the British Isles, have been sneezing and snuffling in no little degree; and the latest reports at this time of writing, announce cases of catarrhal fever, in Boston, New York, Philadelphia, and even as far West as Detroit, Mich., presenting the well described indications of the European epidemic, and the previous invasions of this continent; which now, as on previous occasions, emulating the wise men of old, moves steadily and persistently in a western direction.

The present epidemic, it is claimed, originated in Russia, at least so the reports from more westerly portions of Europe adduce, and by some it is called Russian influenza or catarrh—notwithstanding that previous epidemics have been called by the Russians, Chinese influenza or catarrh.

In investigating the history of the disease, we find that although Hippocrates and the earlier writers mentioned epidemic visitations that

possibly were closely allied to, if not identified with it, their descriptions are too vague and indefinite to be regarded as authoritative, and all of the more recent writers date its history back only to the thirteenth and fourteenth centuries; since which time its occasional occurrence has been so frequent and wide-spread, that it has left quite positive tracings upon the literature of the succeeding centuries, and has been thoroughly considered and investigated by the leading medical writers from that day to the present. Its first appearance recorded on this continent was a little after the middle of the sixteenth century—non-intercourse and a sparse population previously having proven prophylactic; since which time, however, it has not slighted our people, but has generally put in its appearance in a reasonable length of time after reaching the western borders of the European continent.

Epidemic catarrhal fever, is perhaps its most satisfactory and definite cognomen, but it aliases are, and have been many. The Russians calling its Chinese disease; Germans calling it Russian disease; the French alluding to it as Italian or Spanish disease, the name being given it identifying it with the country from where it was derived. Sydenham and Boerhave designated it as peri-pneumonia notha; Huxham as peri-pneumonia catarrhalis; Stoll as pleuritis humida. The French dubbed it "la grippe," from the Polish grypka, or possibly from *agripper* to seize; the Italians, *influenza*, from its being influenced by the stars; in old English writings it was designated as pose, from the Anglo-Saxon *gepose*, heaviness; the Germans, ziep, probably from *ziehen*, to pipe or chirp; and Schaffhausen and Schaffkrankheit, the cough being like the cough of a sheep, or because the vertigo was like the sudden giddiness of sheep. Shortly after the father of our present Chief Magistrate was succeeded by John Tyler, an epidemic on this continent, wide-spread in its visitation, was popularly known as "the Tyler grip."

It is a specific disease, general in character, with local manifestations affecting principally the respiratory mucous tract—the brunt of the irritation falling upon the laryngo-tracheo-bronchial lining. It is contagious in slight degree, but unquestionably infectious. In its semiology it differs but little from an ordinary cold, of greater or less degree of severity. Sneezing, hoarseness, coughing, with slight expectoration of frothy mucus, pain in the head, back and limbs, frontal headache, pain in the eyes, watery effusion of the conjunctivæ, thin mucus discharge from Schneiderian mucus membrane, pain in region of antrum of Highmore, fever of varying degree of severity, loss of appetite,

diminished urinary secretion, and a marked degree of prostration and debility from its inception, out of proportion to the degree of fever, and protracted unreasonable long, are its most marked features. Its duration being from four to six days to two weeks. Death occasionally occurring in the very young, the very old or very much enfeebled individuals; or as a result from complications with pneumonia, pleuritis or capillary bronchitis. If occurring in tuberculous individuals, the progressive stages of tubercle are greatly accelerated.

It is no respecter of persons, the king on his throne, the president in his chair, the millionaire in his palace, the merchant in his mansion, the artisan in his comfortable dwelling, the mechanic in his cottage and the pauper in his hovel, old and young, male and female, are equally liable in each successive visitation—a previous attack giving no immunity.

In its etiology, even this advanced and progressive stage of the nineteenth century is yet in the dark. It is unquestionably due to a specific germ or miasm, how developed, as yet unknown. The influence of the seasons, the effect of heat or cold, excessive aridity or moisture, climatic, telluric or other conditions so far are indefinite, for it has originated and has spread under the most opposite. It sometimes travels faster and again slower than prevailing winds, and even in an opposite direction, yet from its pan-demic results, it at times is unquestionably largely diffused in the atmosphere.

In regard to treatment, but little is necessary, beyond the measures to be resorted to for an ordinary severe cold. Rest, quiet, light and easily assimilated diet, expectorants, laxatives to prevent constipation, opiates in moderation to allay cough and pain, mild counter-irritation over painful areas, and quinine in full doses in the incipency of the febrile stage. Depressant remedies are to be avoided. A plentiful supply of cooling, acidulated drinks to allay thirst and counteract the diminished urinary secretion. The mineral acids and tonic remedies with the approach of defervescence of fever will hasten convalescence.

Complications such as inflammation of the lung substance, the pleura, or the capillary bronchi are to be watched for carefully, and treated on general principles of a non-depressant character.

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THE DUTY OF PUBLISHING COMMITTEES.—[The following editorial from our sound-minded and level-headed confrere of the *Memphis Medical Monthly*, is well worthy careful attention on the part of such

of our readers as may have occasion to serve as members of the publication committee of some of our medical societies].

“There appears to be a growing tendency on the part of medical organizations to give unlimited power to the committee whom they have selected to take charge of and publish their papers. These committees also, if we may judge from recent developments, assume unlimited and unwarranted authority in rejecting papers and consigning them to the waste-basket. Is this the correct principle upon which our actions should be based? What are the objects to be attained by organization? Is not the very first, that of elevating the local profession if the organization be local in character, or of the general profession if the membership is from different parts of the country? Then how, pray, can this be better done than by guaranteeing equal rights in the evolution of individual ideas and the preservation of the same by publication? If medicine was an exact science, its followers might set themselves up in judgment of one another. But where is the truth of yesterday, that has not been doubted or proven untrue to-day? How many of the axioms of old women of the past, and of the traditions of past generations are now embodied in the teachings of our best men? Heaven forbid that we should cast a reflection on our noble profession, but when the crudely expressed ideas of a general practitioner are to be set aside, simply because he has not been favored with a large and lately issued assortment of books, from which to cull the *magnum bonum* of his forthcoming essay, we think it high time to call a halt and view the field o’er.

Many men in the profession have neglected writing until, when they make an attempt they fail to comply with the ordinary rules of composition, but should papers from them be rejected? If so, will some one kindly inform us what the duties of a publishing committee are? Is it not the duty of this committee to exercise enough “back-bone” to straighten the edges, rounden the corners, and thereby make each paper a stable pillar in the common edifice—our profession? “Back-bone” is not necessary to exclude from publication the unpolished papers of those whose brains contain a veritable thesaurus of bedside experience—ideas and practical views not gathered from the records of other writers, but stored away while in the presence of the patient. Many such men cannot write long theoretical papers, but can record the facts they wish to reveal. Many such men have forgotten more than some of the polished writers whose papers are accepted by these

committees, ever knew. It is the ideas and experience of such men that the profession wants. Men think no less differently than they act. Free thought, thought untrammelled by the illiberality of self-appointed dogma lovers, is what the profession of to-day needs. The polished writer, who is ever on hand with his long paper, is, as a rule, the student of other men's thoughts, the practitioner of other men's methods, and not infrequently the compiler of other men's ideas. The lengthy, well-written article often contains much less of originality than the brief, crudely-penned bed-side thoughts of a man who has but few books, and but little time to study such as he has, yet plenty of good practical common sense and a well-balanced judgment. Such men are students of nature. Not originally such, but after having received a sound medical education have become such. They should be heard from, even though much of their rhetorical grace, their theoretic buncomb and unlimited familiarity with technicalities have long since been relegated to the shades, by reason of the more direct study of nature and the neglect of the dogmas and traditions of the profession."

*Bravo!* Brother Sims.

Yes, indeed; original observations and recorded facts, are worth far more to medical societies, even though crudely expressed; than euphuistic vagaries, or even classically worded theories.

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VALE 1889—SALVE 1890.

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"Time has put his sickle in among the days" and the good year 1889 is of the past. Its joys, its sorrows, its trials, tribulations and successes; its hopes, anticipations and realizations have left but a memory, and the ceaseless roll of the ages has brought us to the threshold of the last decade of the nineteenth century.

In this locality at least, the past year has been an agreeable one, its winter's cold and summer's heat have been of the mildest, while its vernal and autumnal seasons have been well nigh perfection. With no epidemic visitation with its lethal breath to bring sadness, sorrow, desolation and death to vast multitudes, we have but little cause for regret, other than that we have not accomplished more with the talents which have been entrusted to us.

While H—ades is said to be paved with good intentions, and the good resolutions framed at this period of annual recurrence are far more numerous than angel's visits, yet with the beginning of a new year, in

all business and other ventures, it is as well to take a look at the past as to the future. Retrospective views frequently lead to prospective successes.

Twelve years ago THE SOUTHERN PRACTITIONER first made its bow in the arena of medical journalism. At that time we had the aid and assistance of able, learned and earnest co-laborers. Its second number contained the obituary of the brilliant and gifted T. Chalmers Dow, M. D.; and in the third year of its existence its pages were again enveloped in sorrowful emblems in memory of the noble and earnest Blackie. With the initial months of '89, our remaining co-adjutor, notwithstanding the endowment of a degree of energy allotted to but few, owing to the pressing claims upon him in other lines, withdrew his valuable aid, and we were left to continue alone in our labors of love. As to how well we have succeeded, we leave it to be asserted by the last ten numbers of the journal, submitting in evidence the substantial fact that both its advertising and subscription clientele have never been more encouraging.

Our promises for the future are, that no effort will be left undone, no opportunity neglected to make its pages fresh, newsy, and replete with the latest suggestions and advances in the science and art of medicine and surgery. As we have ever been, so do we hope to continue, independent, and determined to advance the interest of regular medicine.

The current year promises much for medicine in this locality. The annual meeting of that truly representative organization of the profession, The American Medical Association, to be held in our Capital City in May, we sincerely hope will be one of the most satisfactory in its existence. But one year less than a third of century ago was its annual meeting held in this city. What changes, what developments, since then! With only a single railroad at that time connecting our capital with the eastern border of the State—many, if not nearly all the delegates reached the place of meeting by steamboat, or the lumbering stage coach. At that time Henry F. Campbell, of Georgia, since elevated to the highest position in the organization, had just begun to electrify the civilized world by his researches in connection with the nervous system. Wm. H. Hammond, then an Assistant-Surgeon in the U. S. A., subsequently, and at a time when it numbered more men than during its entire previous existence, elevated to the rank of Surgeon-General, greatly impressed the Association by his researches in regard to the nutritive properties of gelatin, albumin, etc., demon-



strating his suggestions by crucial experiments on himself that well-nigh put an end to his life.

Wonderful indeed, truly wonderful have been the developments since that day. What may we not expect in the future?

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**VEGETABLE ALTERATIVES.**—Mercury and iodide of potash, separately or combined, have been the sum total of treatment, it may be said, in serious blood disorders as far back as our knowledge extends, and the patient was fortunate indeed, if, in being cured of his original disease, he escaped the constitutional effects of mercurials and iodides. . . That a purely vegetable medicine should be discovered, which in all useful qualities supplants mercury and iodides in these cases, and at the same time is so devoid of injurious effects that it may be taken in any quantity and for any length of time without harm, is certainly of great importance.

The experience of the past six years establishes beyond a doubt that *Succus Alterans* (McDade) is such a discovery, and although Dr. J. Marion Sims has good grounds upon which to base his statements made in the *British Medical Journal* in 1882, still he "built better than he knew," and it is doubtful if the great surgeon, in teaching the professional world his wonderful operations, ever performed a greater service than in bringing this remedy to the knowledge of his professional brethren. The good effect of *succus alterans* (McDade) in all diseases of the blood, whether due to some deleterious influence introduced from without, or generated within, are unmistakable, while it seems no less useful in impoverished conditions of the blood and diseases arising therefrom.

The highest authorities unite in support of these views, and confirmatory reports are daily passing into medical history.—*Mass. Medical Journal*.

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**STATISTICS OF LEPROSY IN THE UNITED STATES.**—In view of the impression that Leprosy is spreading in this country, it is desirable, in the interest of the public health, to obtain accurate information upon this point. The undersigned is engaged in collecting statistics of all cases of Leprosy in the United States, and would ask the members of the profession to aid him in this work by sending a report of any case or cases under their observation, or coming within their knowledge.

Please give location, age, sex, and nationality of the patient, and

the form of the disease—Tubercular or Anæsthetic; also any facts bearing upon the question of contagion and heredity. Address Dr. Prince A. Morrow, Journal of Cutaneous and Genito-Urinary Diseases. 66 west 40th Street, New York.

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EXTRACT from a letter received from Dr. Alfred B. Tucker, of New York City:

"I find Campho-Phenique one of the most soothing and best dressings in burns that I have ever used. The last case I used it with, was a waitress, who had scalded her arm quite badly. Upon applying half and half of Vaseline and Campho Phenique, she said the relief was almost instantaneous.

I use it frequently, full strength, upon any abrasion likely to be exposed to septic infection, and find it equally as good as pure Carbolic Acid, and certainly much pleasanter. I also use it instead of Carbolic Acid in the vaseline I use in gynæcology."

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THE ANNALS OF SURGERY has now entered upon its sixth year of publication. Much praise is due both to the home and foreign editors for the high literary standard sustained. This is the only journal published anywhere in the English language devoted exclusively to scientific surgery and which does not seek popularity by giving minor and practical attainments in surgery, nor does it in the least degree cater to advertisers. The numbers are profusely illustrated with fine engravings and diagrams, elucidating the text. It is well worthy the patronage of all members of the profession, who do any surgery. \$5.00 per year. Sample copies 50 cents. J. H. Chambers & Co., St. Louis, Mo., are the publishers.

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THE JOHN HOPKINS' HOSPITAL BULLETIN.—We have received the first number of a very excellent sixteen page periodical with the above title, published by authority of the trustees of the Johns Hopkins' Hospital, Baltimore, Md. Subscription price One Dollar per annum. Its pages will be enriched by articles from Profs. Olsen, Billings, Welch and others connected with the Hospital. It will contain announcements of courses of lectures, programmes of clinical and pathological study, details of hospital and dispensary practice, abstracts of papers read and other proceedings of the medical society of the hospital, reports of lectures and other matters of general interest.

**CELERINA.**—Virgil McDavitt, M. D., Quincy, Ills., says: I usually find Celerina to be a very agreeable and acceptable nerve tonic, quieting and calming nervous irritability and causing sleep oftentimes after spells of continued wakefulness, adapted to use in much the same cases as valerian, assfoetida, etc., not a cure all, but a valuable addition to our armamentarium in the treatment of a class of cases which are often most vexatious and trying to the physician and worrying to the patient. In these cases I have often prescribed it alone or combined with other remedies with much success.

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IT WAS in 1844 that the now well-known aperient called "Tarrant's Seltzer" was prepared for the use of the coterie of physicians which composed the staff of the New York Hospital, and from that time to the present it has been a favorite saline with physicians of all schools.

It is not only a most palatable and safe aperient, but is now extensively used as an antacid in gouty or rheumatic diathesis and as a vehicle to administer the Salicylates, Lithia Salts and Tincture of Iron.

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**DR. GARCELON**, ex-Governor of Maine, has just celebrated his medical jubilee, as the Germans call it. He has been fifty years in practice, and during that period had, among other patients, attended five generations of one family, and it is said, shortly expects to attend the sixth. Representatives of all five generations still live to celebrate Dr. Gracelon's semi-century as a physician.—*Medical Standard*.

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NOTWITHSTANDING the large number of hypophosphites on the market, it is quite difficult to obtain a uniform reliable syrup. "Robinson's" is a highly elegant preparation, and possesses an advantage over some others, in that it holds the various salts, including iron, quinine and Strychnine, etc., in *perfect solution*, and is not liable to formation of fungus growths.

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**SANDER & SONS' Eucalypti Extract (Eucalyptol).**—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Greifswald.

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**DR. JAMES E. REEVES**, of Chattanooga, Tenn has no connection with the Medical Department of Grant University, recently established at that place.

### OUR ADVERTISERS.

We desire to call the attention of our many readers to our advertising pages, which will well repay a careful perusal. We have adopted the rule, which has been strictly adhered to, of admitting nothing but first class, reliable articles, which we can cordially commend.

MESSRS. REED & CARNICK, of New York, call attention to a new use for their Liquid Peptonoids. Soluble Food, Lacto-Preparata, Sulpho-Calcine, and all other preparations prepared by them are in every way reliable and most excellent.

MESSRS. FAIRCHILD BROS. & FOSTER, makers of original and reliable preparations of digestive ferments and other valuable therapeutic remedies have an important notice in this number. Complete lists and descriptions will be cheerfully sent to any one applying to them at 82 and 84 Fulton street, New York.

FRELEIGH'S TONIC, manufactured by I. O. Woodruff & Co., 88 Maiden Lane, New York, is well deserving a trial. It is a most excellent remedy, a most effective combination, and the elegance of the formula, the small dose required, and its potency go far to recommend it in that large class of neuroses so common among the brain-workers of this country.

MESSRS. R. A. ROBINSON & Co., "Manufacturing Chemists and Pharmacists," of Louisville, Ky., have an advertisement in this issue, to which we desire to call especial attention. This house was established in 1842, and has ever maintained and sustained a character of the best. Their business has become of great magnitude, yet they are as scrupulously careful with the smallest order as with the largest. They offer to the profession a series of articles of their own manufacture, which we know from repeated trials to be all they claim. Their Hypophosphites, Wine of Coca, Elixir of Lime Juice and Pepsin, and Phosphoric Elixir, will be found as represented. They invite a trial of their preparations. Try them and you will not be disappointed.

LISTERINE.—We have often had occasion to speak of this very valuable preparation. It comes nearer a perfect antiseptic than ever before offered to the Medical or Dental professions. It is antiseptic, prophylactic, non-toxic, non-irritant, and one of the most reliable and satisfactory surgical dressings we have ever tried. Send for Lambert

& Co.'s new formula book and try Listerine in any of the morbid conditions for which it is recommended, and you will never regret it. "Lithiated Hydrangea" is also manufactured by Lambert & Co. Formula will be found on first advertising page following reading matter. See advertisement and read it. Try these preparations and you will not be disappointed.

WAYNE'S DIURETIC ELIXIR is highly recommended by Prof. W. F. Glenn, M. D., of Nashville, Tenn., one of the most successful practitioners of Genito-Urinary Surgery in the South and West. Read his testimonial in its behalf. He has been practicing this specialty for some years, lecturing on it in the Medical Department University of Tennessee for ten years, and is recognized as an authority. We have accepted his suggestions in many instances in regard to Wayne's Elixir, and have derived therefrom the most satisfactory results

THE MCINTOSH MANUFACTURING CO. make the best, most portable and in every way the most satisfactory battery for physicians' use, containing both the Galvanic and Farradic currents. Their "uterine supporter" is suited to every indication of Uterine Displacements, combining a union of external and internal support, adapted to the varying positions of the body, and is self adjusting. We have had in weekly use in our office, for more than five years past, one of their eighteen-cell batteries. It is always ready, and has given the utmost satisfaction.

HORSFORD'S ACID PHOSPHATE.—Among the numerous forms of Phosphorus in combination, Horsford's Acid Phosphates seem best adapted as a medical remedy, and it has been in use by the medical fraternity of the United States and elsewhere for several years, with the most satisfactory results, in Dyspepsia, Indigestion, Mental and Physical Exhaustion, Insomnia, Nervousness, Diminished Vitality, etc. We have tried it in many instances, and find it to be all that is claimed for it.

SUCCUS ALTERANS — Messrs. Eli Lilly & Co., Pharmaceutical Chemists of Indianapolis, Ind., call the attention of our readers to McDade's Alterative Preparation. See the claims they make for it. We can guarantee its purity when coming from this house. When we say that McDade's formula was earnestly recommended by Dr. J. Marion Sims, we feel that it would be a work of supererogation on our part to even say that we have tried it and found most satisfactory results from its use. Their Elixir Purgans (Lilly) is a good stimulant

for a sluggish liver and does not irritate, and it has a gentle, yet positive, effect on the alimentary canal, and is well suited to the habitual constipation of even women and children.

THE RIO CHEMICAL Co., of St. Louis, advertise a most excellent series of articles. Their "Celerina" is a good nerve tonic and anti-spasmodic; "Aletris Cordial" is a uterine tonic; "Acid Mannate," a palative and painless purgative; and Kennedy's Extract of *Pinus Canadensis* needs no commendation at our hands. It is recommended by some of the most reliable physicians of the land. By special courtesy we have recently received samples of all their special preparations, and have tried them with the most gratifying results.

FEBRILINE, OR TASTELESS SYRUP OF QUININE, as prepared by the Paris Medicine Company, is a most excellent preparation, remarkably adapted to use in the case of children, or those who are nauseated by the usual alkaloids of cinchona, and who are, or have been subjected to malarial influences. Try it once and you will be satisfied with its effects. Their sales last year aggregated over \$100,000.

THE MEDICAL AND DENTAL DEPARTMENTS OF THE UNIVERSITY OF TENNESSEE are in a more flourishing condition than ever. The largest classes ever in attendance this year. With one of the most suitable buildings for medical teaching, improved clinical advantages, and a corps of active earnest and hard-working teachers, success is natural. This session they have the clinical advantages of the City Hospital, now under their exclusive control, to which they have added a most excellent clinical amphitheater for the use of the classes.

THE IODIA AND BROMIDIA of Messrs. Battle & Co., 402 Main Street, St. Louis, Mo., are well worthy of trial. Iodia is composed of the active principles obtained from alterative roots in the green state, together with Iodide of Potash, 5 grs., and Phosphate of Iron, 3 grs., to each fluid drachm. Bromidia is one of the best hypnotics we have ever tried. Cocalac and Papine are also excellent preparations.

FELLOWS' HYPO-PHOSPHITES (Syr. Hopophos: Comp: Fellows:), contains the Essential Elements to the Animal Organization—Potash and Lime; the Oxydizing Agents—Iron and Manganese; the Tonics—Quinine and Strychnine; and the Vitalizing Constituent—Phosphorus, combined in the form of Syrup, with slight alkaline reaction.

H. PLANTEN & SON, 224 Williams street, New York, manufacture hard and soft capsules, empty and filled, which can be ordered by

mail. No further necessity of trouble in regard to nauseous or disagreeable drugs. What a boon they have conferred upon humanity cannot be estimated.

DEMOVILLE & Co., Corner Church and Cherry Streets, Nashville, Tenn., in addition to a full line of Drugs and Medicines, keep the best assortment of Surgical Instruments, from the best manufacturers, on hand. Catalogues will be furnished on application.

BELLEVUE HOSPITAL MEDICAL COLLEGE needs no commendation at our hands. It has become one of the established institutions of America.

HYDROLEINE (Hydrated Oil) is not a simple alkaline emulsion of oleum morrhuae, but a hydro-pancreated preparation, containing acids and a modicum of soda. Pancreatin is the digestive principle of fatty foods, and in the soluble form here used, completely saponifies the oleaginous material so necessary to the reparative process in all wasting diseases. Lautenbach's researches on the functions of the liver show the beautiful adjustment of therapeutics in preparation of Hydroleine, furnishing, as it does, the acid and soda necessary to prevent self-poisoning by re-absorption of morbid tubercular detritus, and purulent matters into the general circulation. Each bottle in nutritive value exceeds ten times the same bulk of cod liver oil. It is economical in use and certain in results.

NUTROLACTIS.—When this preparation, which is a true galactagogue, is given to nursing mothers whose milk is scanty, although the breasts are entirely dry, it will in the course of two days, or three at farthest so increase the quantity that there will be milk enough to completely nourish a vigorous infant; the quality of the milk will be good, and at the same time the health and strength of the mother will be improved. If the quantity of a mother's milk be inadequate and the quality poor, lacking in nutritive elements, the use of this remedy will quickly and notably improve the quality and maintain the quantity until the end of normal lactation. Physicians are assured that its use is always perfectly harmless.

MR. THEO. TAFEL, No. 181 N. College Street, Nashville, Tenn., manufacturer and dealer in all kinds of Surgical and Gynecological Instruments and Appliances. He will thoroughly repair, polish and re-sharpen old instruments at moderate rates. We have tried him, and know him to be a skillful and experienced workman. Any orders sent to him or the editor of this journal will receive prompt attention.

PARKE, DAVIS & Co., of Detroit, Mich., Manufacturing Chemists, with their immense establishment, are enabled to supply all demands for any pharmaceutical preparation. Their wines and Elixirs contain precisely the quantity of medical ingredients which they are said to contain on the label. Likewise they are very palatable, and, in every way, elegant. They need only to be tried to be appreciated. Read what they have to say on last page of our cover in regard to their preparations.

SCOTT'S EMULSION is made from the purest Norweigan Cod Liver Oil, combined with chemically pure Hypophosphites and Glycerine. It can be tolerated longer by children and persons with delicate stomachs than any other Cod Liver Oil preparation, and is prescribed and endorsed by leading physicians in the United States and other countries.

TONGALINE, VIBRUNATED CELERY AND PONCA COMPOUND, are among the best and most satisfactory preparations to which the attention of our readers is directed in our advertising pages. The Mellier Drug Co. are in every way reliable, and have an established reputation as drug manufacturers. They are also proprietors of Elliott's Standard Saddle Bags, the best and cheapest to be obtained.

MALTED MILK, among its many advantages, is an antiseptic food, is perfectly soluble in water, needs no cooking, does not require the addition of milk and contains no starch. It has received many and numerous recommendations from active practical workers in the profession.

THE VIBRUNUM COMPOUND of Dr. Hayden has been before the profession for twenty-four years, and continues to gain in popularity; and is prescribed by Professors Thomas, Spitzka, W. H. Byford and other recognized leaders in the treatment of female diseases.

WM. R. WARNER & Co. have a colored page advertisement that will well repay careful examination. Their Pil Chalybeate and Pil Antiseptic have become everywhere, thoroughly recognized as standard.

CRYSTALLINE PHOSPHATE, made by the Provident Chemical Works, St. Louis, Mo., is an excellent preparation in stomach diseases, errors of nutrition, and nervous and general debility and sleeplessness.

BAKER'S PURE COD LIVER OIL, BAKER'S EMULSION, and other preparations manufactured by Jno. C. Baker & Co., of Philadelphia, should not be forgotten by our readers.



MEDICAL ANNUAL FOR 1889. Our readers will do well to read the card of Mr. E. B. Treat, in our advertising pages relative to this most excellent publication.

DON'T FORGET that *One Dollar*, sent by mail, in currency, U. S. postal order, postal note, or one or two cents stamp will secure twelve consecutive monthly issues of THE SOUTHERN PRACTITIONER—each containing 48 pages or more, of choice, interesting and reliable reading matter devoted to medicine and surgery.

WE desire to acknowledge a New Year's call from Mr. E. Plummer, the courteous and polite representative of Messrs. Parke, Davis & Co., of Detroit, Mich. We can most cordially recommend him to the tender mercies of our readers.

PROF. LOISETTE'S Memory System is creating greater interest than ever in all parts of the country, and persons wishing to impress their memory should send for his prospectus free as advertised in another column.

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THE corner-stone of an American hospital at Teheran was recently laid by the Minister of the United States to the Court of the Shah. The proposal to erect the hospital originated with Dr. W. W. Torrence, of Teheran, and funds have been obtained partly by donations raised in America and partly by subscriptions in Persia itself, many distinguished Persians having made generous contributions.

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MISS CLARA BARTON, the president of the Red Cross Association, left the Conemaugh Valley, October 25, closing the greatest campaign the Red Cross has hitherto enlisted in. A public reception was given Miss Barton before she left, which was largely attended by all classes.

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THE New York Board of Health decided, on November 19th, to resort to radical measures to rid the city of the stenches caused by the manufacture of gas. The Board is prepared to carry its case into the courts.

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AUSTRIA is the only civilized country in the world that prohibits women from entering the medical profession.

## CONTENTS FOR JANUARY, 1890.

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### ORIGINAL COMMUNICATIONS:—

- A Plea for the More Frequent Use of the Forceps. By James  
E. Reeves, M. D . . . . . 1

### SELECTIONS:—

Southern Medical Men . . . . .	10
The Contagiousness of Tuberculosis . . . . .	16
Treatment of Chronic Cystitis in Women . . . . .	19
The Work Already Done in the Direction of Standardizing Fluid Preparations . . . . .	21
A New Antiseptic Dressing . . . . .	23
Two Doctors . . . . .	24
The Pupil as a Guide in the Administration of Chloroform . . . . .	25
Quinine Deafness . . . . .	26
Cure of Nævus . . . . .	26
Anti-Hysterical Mixture . . . . .	27
Sawdust as a Dressing for Wounds . . . . .	27
The Importance of Re-Vaccination . . . . .	28
Quinine in Cholera Morbus . . . . .	28
Hernia Reduction . . . . .	28
A Palatable Laxative . . . . .	29
Roach Destroyers . . . . .	29
Aortic Aneurism . . . . .	29

### EDITORIAL, REVIEWS, ETC:—

Reviews and Book Notices . . . . .	30
Influenza—Epidemic Catarrh . . . . .	35
The Duty of Publishing Committees . . . . .	37
Vale 1889—Salve 1890 . . . . .	39
Vegetable Alteratives . . . . .	41
Statistics of Leprosy in the United States . . . . .	41
The Annals of Surgery . . . . .	42
The Johns Hopkins' Hospital Bulletin . . . . .	42
Editorial Items . . . . .	43
Our Advertisers . . . . .	44

# THE SOUTHERN PRACTITIONER.

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DEVOTED TO MEDICINE AND SURGERY

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NASHVILLE, FEBRUARY, 1890.

No. 2.

## *Original Communications.*

### NASHVILLE OBSTETRICAL AND GYNECOLOGICAL SOCIETY.

*Regular Meeting, December 17, 1889.*

President W. D. Haggard, in the Chair. Fellows present: Doctors J. S. Cain, James B. Stephens, J. R. Buist, W. G. Ewing, W. L. Nichol, W. A. Atchison, and Secretary Richard Douglas.

#### DISCUSSION—PYO SALPINX.

*Dr. Buist:* The subject before us to-night is one of vital importance, while regretting the forced absence of Dr. Bunyan Stephens, we can not permit it to go by default. Only in the last few years, has the profession grown to look upon the tubes and ovaries as the seat of frequent disease.

It is true many writers are credited with hinting at the existence of tubal disease, but its frequency and vital importance were only developed by the laparotomist, who, by his work, was able

to demonstrate the existence and nature of the diseases affecting the appendages.

To Mr. Tait, of course, we are chiefly indebted for our knowledge on this subject.

In former years, we were taught a great deal about cellulitis, now we know that this disease, if it exists at all, is only secondary to tubal or ovarian inflammation.

The symptoms of pyo-salpinx are pain, tenderness, with often recurring attacks of pelvic inflammation, excited by the most trivial causes. The local signs are sometimes misleading, but with a favorable pelvis, bi-manual palpation may detect the presence of a tumor, tender, elastic, and sometimes fluctuating. An exact diagnosis can not always be made, and we are often forced to content ourselves with a surgical diagnosis.

*Dr. Nichol:* It is a strange thing to me that Emmet, whom we all must regard as one of the first and foremost specialists in this country, and whose advantages both clinical and pathological, are second to none, should in all his publications adhere to that old classification of cellulitis and peritonitis, the views originally expressed by Nonal. Opposed to this theoretical idea, we have the practical work of Bernutz and Goupil. These authorities published years ago their views based upon post-mortem revelations, claiming that it was the peritoneum involved and not the cellular tissue. Now to-day the teaching comes back to us, as an advanced view, and the tubes and ovaries are regarded as the primary seat of disease, the peritoneum being secondarily involved.

I regard cellulitis as always septic. Endometritis is always the starting point for tubal disease.

The symptoms are very much as cited by Dr. Buist. I have also found that an intermittent discharge of pus from the uterus was indicative of suppurating tubes. This feature I observed recently in a case with Dr. Ewing.

*Dr. Buist:* I did not allude to the etiology of pyo-salpinx, but in answer to a statement made by Dr. Nichol, to the effect that endometritis is always the cause of tubal disease, will say: I do not think it is so considered; one of the most destructive

forms of pyo-salpinx is of tubercular nature, and this begins primarily in the tube.

*Dr. Ewing* thought there was but little to say on this subject, the questions are all settled both as to pathology and to treatment.

*Dr. Buist* wished to state a hypothetical case. If you have a case with the general symptoms of a suppurating type, which is discharging pus and there is no tumor, would you operate?

*Dr. Nichol*. How do you know the pus is coming from the tube?

*Dr. Ewing*: Eighteen months ago, I found a tube as large as my finger. A few days later the menstrual flow came on. At a second examination, I could not find the tube. I take it the flow of pus and blood emptied the tube. Some months later I again saw her and the tumor had reappeared. In this case the pus clearly came from the tube.

*Dr. James Stephens*: I regard pelvic inflammations as seldom idiopathic. The most prominent factor in their production is some mechanical or chemical irritation about the cervix.

I have met with a large pelvic abscess directly attributable to the application of the simple tinc. of iodine within the cervical canal. Is it not possible for a suppurating catarrh of the tube to end in recovery. Do all such cases require operation as soon as diagnosed?

If I understand the pathology of pelvic inflammation, the recurring attacks of peritonitis result in pelvic adhesions and the distortion of the tubes so produced, arresting the natural discharges, accumulation takes place.

I should be pleased if some one would differentiate between true pelvic abscess and pyo-salpinx.

*Dr. Atchison* said he had met with very few cases of pyo-salpinx and would be pleased to learn something of the methods of diagnosis.

*Dr. Douglas*: From the rather prolonged discussion, this does not seem to be so settled a question as *Dr. Ewing* seems to think.

*Bernutz* and *Goupil* in their work did not quite reach the kernel; they did eliminate cellulitis as a primary disease,

but were not able to show that the tubes were the seat of all mischief. In response to some questions, permit me to answer that the principal guide in determining operation in chronic tubal or ovarian disease is the often recurring attacks of pelvic inflammation.

In the hypothetical case suggested by Dr. Buist, disease of the tubes without the existence of a decided tumor, I should, if convinced the disease was certainly tubal, advocate operation.

In all acute cases characterized by the presence of a tumor, attended by the local and general signs of suppuration, immediate operation is eminently proper.

One gentleman has alluded to the tube discharging through the uterus. I have never seen a uterine discharge which I could characterize as of tubal origin.

I observe many have alluded to the readiness with which they locate diseased tubes. I must confess my total incapacity to make such accurate diagnosis.

I do not think any one can deny that we may have a true cellulitis, acute and septic in character, developing and discharging as a true abscess without there being any involvement whatsoever, of the tubes and ovaries. A point of sepsis, a chain of lymphatics, a mass of cellular tissue, are all that is necessary for a phlegmon. Why could we not have it? The point is that so-called pelvic cellulitis, a sub-acute and often recurring inflammation, is really tubal disease.

*Dr. Haggard:* Sometimes the tube is distended by serum, in other specimens we find pus. Now what determines the character of this fluid? I think if the inflammation is of septic origin, viz: from an endometritis or gonorrhœa, then we will find the accumulation to be purulent in character. The germs of infection have much to do with the character of inflammation.

*Dr. Cain:* Where a satisfactory diagnosis of pyo-salpinx can be arrived at with the tubal orifices occluded, and all the attendant and threatening evils of such a condition present, there can be but one rational course to pursue: that of the removal of the offending organ by an operation.

But in a case like the hypothetical one suggested by Dr. Buist,

the real existence of which seems to be confirmed by the observation of Dr. Ewing, that of a suppurating tube, which from time to time, discharges its contents into the uterine cavity, I doubt the propriety of the operation, under such circumstances. I think that natural canals leading to suppurating cavities, once open to the flow of pus, seldom close again, and with an open and patulous uterine orifice, through which the discharge might easily escape, there could be little or no likelihood of the tube becoming so much distended as to endanger life or to give great discomfort to the patient, and in such a case there might be a possibility of cure under proper treatment, without resorting to the rather hazardous extreme of an operation.

As to the controlling influence which decrees that one case of tubal disease shall be a hydro-salpinx, while another is a pyo-salpinx, I will suggest that probably the former grows out of a simple catarrhal inflammation of the tube communicated from the uterine cavity, resulting in the sealing up or closing of the orifices of the tube by inflammatory products, while the serous exhalations and mucous discharges peculiar to that form of inflammation, might result in a distension or dropsy of the tube. Should the inflammation continue, especially in a subject favoring pyogenesis, this fluid might be absorbed, and its place occupied by rapidly accumulating pus corpuscles. In other instances pus is evidently the fluid primarily occupying the tube.

If, however, we are to accept the microbic theory of all pus genesis, (to which I reluctantly incline), the probabilities are that the staphylococcus pyogenus, finds access into the tube either from the uterine cavity or through lymph channels, and by their presence, or that of their ptomaines, products acting either locally or through the blood, invite a rapid emigration of leucocytes or white corpuscles from the blood to the diseased organ, thereby distending it and producing pyo-salpinx.

*Dr. Douglas:* Do you not, doctor, concede the local genesis of pus corpuscles under the "inflammatory stimulus?"

*Dr. Cain:* No, if we are to accept and follow after the most modern teaching. I would discard the the Virchow theory of local pus genesis from fixed tissue cells, and say, that owing to

some influence exerted by the staphylococcus pyogenus or the alkaloid ptomaines produced by it, there is a rapid development and migration of leucocytes from the blood to the seat of disease, and that all pus cells are from the blood, and are migrated leucocytes.

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## TROPHOPATHY IN THE FATTY AND FIBROID DEGENERATIONS.

JOINT PAPER.\*

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AND

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### INTRODUCTION.

The animus of this contribution is the belief of the writers that *Trophopathy* (Trophos-food, pathos-disease), has more to do with the cause of the so-called incurable diseases than the profession gives credit to, and to show that our belief is founded on facts, we will immediately proceed to the consideration of the subject in the concrete, to-wit: The reading of some histories of patients that have been under our care.

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### CASE-HISTORIES.

**CASE I.** A little more than four years ago, a gentleman brought to our office a friend, who appeared to the Senior writer to be almost moribund; indeed, he feared that the man would die in the office. Examination showed the case to be suffering from an enlarged heart, a fibroid liver and Bright's disease of the kidneys; the urine contained albumen, casts and fatty epithelia. We will here make note that in our study of patients for the

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\*Read before the Section of Practice of Medicine, Materia Medica and Physiology of the American Medical Association, at its Fortieth Annual Meeting, 1889. By the Junior writer.



evidence of Bright's disease, little care is paid whether the casts are fatty, hyaline, waxy, etc. Amyloid bodies are usually found in the urine when the kidney is first breaking down. *But we consider no case to be full-fledged Bright's disease, till albumen, casts and fatty epithelia are found.* There may be any one of these three, or any two; it is a common matter to find such cases which are just hovering along the margin of health and disease and yet not full-fledged, so to speak. This patient, desperate as his case was, went under the treatment to be further on described, and recovered and would be here to-day for your examination if possible; his heart, liver and kidneys are now doing healthy work.

CASE II. About one year before his death, America's greatest laryngologist, Dr. Louis Elsberg, came under the care of the senior writer. His case was one of Bright's disease with all the signs as before enumerated. He was placed on a rigid diet and would take no medicine. This regimen he followed out for months and all of the morphological and chemical evidences of his disease disappeared from the urine. He was then allowed some lee-way in his diet. The senior writer called one morning early at his office and found Dr. Elsberg at breakfast eating freely of all the starches and sugars that were placed before him. It was said to him, "Elsberg, if you persist in this reckless diet, you will kill yourself." The medical world knows how he died suddenly of pneumonia, perhaps Bright's disease of the lungs.

CASE III. About four years ago, a millionaire was treated for two month's for Bright's disease of the kidneys and lungs. At the expiration of that time feeling *too poor* to continue under a physician's care, he undertook the direction of his case; ate wrongly, overworked, and while superintending some repairs in his house, was poisoned by sewer gas. The doctor was sent for again, but the good work that had been done for him in the two month's of treatment was thoroughly undone and he died.

CASE IV. June, 1880, the senior writer called to see primipara in a non-professional way. She was in three weeks of her expected confinement, and to his horror he found her bloated, and on examination the urine proved to be heavily albuminous

and contained casts and fatty epithelia. She was placed on rigid diet, but labor came on in thirty-six hours and she was easily delivered of her child, which weighed but three and a half pounds. The placenta was covered with numerous elevations which under the microscope proved to be made up of plates of cholesterine. Two days after confinement, a steam fire engine came to the corner near the house in which she lived and fastening to a hydrant commenced to pump. The noise worried her; entreaties to the engineer to desist were of no avail and the poor woman went into convulsions. The senior writer arrived soon afterwards. She was kept under the influence of ether and was purged, but the convulsions did not cease till thirty-six hours had elapsed. She was placed on a diet of beef tea; no medicine. Later on, broiled steaks were given her. The face was drawn to the side and her brain was very weak. The regimen was persisted in till the pathological evidences were removed from the urine and since this time her diet has been two-thirds animal and one-third vegetable food. She has borne two more children both of whom are much more rugged than the first.

CASE V. Mrs. Blank went on treatment about four years ago, and on thorough examination was found to be sick with fibrous consumption, Bright's disease, and a small fibroid tumor of the womb about the size of a man's fist. The evidences of Bright's disease disappeared; the fibroid tumor has gone and we can say that she is cured of her fibrous consumption if there is such a thing as a cure of a chronic disease. She is now passing through the change of life and can by no means be called a thoroughly well woman, yet if she is here to-day, I think you will find on talking with her that she considers the diseased condition above described, as not troubling her now.

CASE VI. Three years ago, a young married woman came to our office and was found to be sick with Bright's disease of the kidneys, indeed it is rare to find urine that contained as many casts and of all kinds as hers did. She was placed on treatment and in one month's time the pathological evidences had nearly all disappeared. She persevered and is to-day enjoying good health.

CASE VII. The Rev. —, treasurer of a great Missionary Society came under our care at about the same time as Case VI. He also had Bright's disease. He went on treatment, though keeping at his work. His loss of flesh and strength at first, greatly disturbed his wife, and it was hard work to make her believe that he should be held to the plans. After three months he took a vacation in Maine, still pursuing the plans of diet and medication, and in the fall came back to work. This case may be called *in progress*. His occupation is a very laborious one, tiring to the mind and full of worry. At the present he is under the plan of two-thirds animal and one-third vegetable food, eating one kind of meat and one vegetable at a meal. June 18, 1889, his specimen presented no casts, no fatty epithelia and but a trace of albumen. Yet he tells us that he has never in his life worked so hard as the last month and wonders that he holds on as well as he does.

CASE VIII. In 1877, the senior writer saw in consultation a lady who was said to be dying of Bright's disease and that the attending physicians wished blood to be transfused into her veins. She was as white as the sheets she lay between, was vomiting and her urine confirmed the diagnosis made by the attendants. Before going back to Boston to get instruments to transfuse with, the senior writer sat down beside her and taking a diet list from his pocket asked her if she could eat the different foods as named thereon. She said no till tripe was mentioned, and replied that she could eat that. So ordered. On returning with instruments the next day he was told that there was no need of operating, as the patient had retained the tripe and was better. In March, 1886, we were in this neighborhood operating on a case of uterine fibroid. The father expressed a desire to the son to see if this patient was alive, and on calling on her attending physician learned that she was, and on visiting her, found a large florid woman who said "that she was not much for work, but was far from being dead." It seems that she lived on tripe and milk warm from the cow and other animal foods for over two years. By that time the evidences of Bright's disease had gradually and wholly disappeared from the urine.

**CASE IX.** Some years ago, Miss A. B., aged twenty-four years, was put on strict diet for her fibroid, which was of some years standing, monolobed, interstitial, hard, invested the whole uterus and extended beyond the navel. She ate beef mostly, with clear tea and coffee, and took a simple tonic. It was much against her appetite, but, as she was of few words and of a determined will and had confidence in her medical adviser, she persevered until the uterine fibroid had all disappeared, and she remains to-day in perfect health. At present, in handling these cases of uterine fibroid, both diet and galvanism are employed, the latter according to the rules laid down by the senior writer in 1871. No one can say that this case was cured by menopause, as so many medical agnostics as to the curability of uterine fibroids by either galvanism or food or both, claim. The history of the last eighteen years has proved conclusively that uterine fibroids are no longer opprobria medicorum.

**CASE X.** In 1882, Mr. H. L. R., a small not robust man, over sixty years of age, for many years had difficult digestion, caused by over-feeding of vegetable food, so that the stomach was distended, walls infiltrated and hardened, causing a fibroid condition of the organ. When seen by the senior writer, he had been under treatment by Dr. Salisbury with hot water, chopped beef diet, stomachic medicines, etc. He ran down rapidly under the treatment, vomiting often and severely; throat sore and deglutition difficult, emaciation, weakness, some fever at times. He had fainting fits and appeared so moribund, that his wife thought he would die in her arms. His hands, feet and legs were cold, circulation feeble, stomach distress great, mind clear and tractable. There was also complete dullness on percussion over the hepatic region, the abdomen empty, walls drawn toward spine, flat, hard, not tender. He took no food by the mouth, but milk by the rectum. Was given nitric acid sponge baths, one teaspoonful to one pint of water, night and morning. Biniodide of mercury, 1-16 grain, was given twice a day; one grain of the sulphate of quinine was sprinkled once in two hours on the tongue, which was white and coated. Compress of linen cloth wet in the nitric acid was placed over the hepatic region and kept there

till the skin was red. Though the vomiting continued for a little time the effect of the rectal aliment told. The administration of mercury was followed by a diminution of the liver dullness. Soon he was able to take the beef essence by the mouth ; though he had no appetite, still he kept taking it and by degrees increased the amount till the essence of six pounds of beef daily was used by oral and rectal alimentation. Moving very carefully, the rectal administration was given up and the beef essence continued by the mouth. The case slowly improved, the urine showing less and less re-action of bile, the dullness of the liver running abreast, with the exception of a few days—that is, the dullness diminished with the diminution of bile in the urine. In the course of six weeks the appetite returned, former treatment was resumed, and he remains cured, 1889.

CASES XI, XII and XIII, were all sick of Bright's disease in 1878, 1880 and 1884. Cases xi and xii each about sixty years of age ; case xiii, 24 years old, all practically treated on same plans and all here to-day for your inspection as cases of cures of a so-called incurable disease.

CASE XIV. 1876 a middle-aged mother of a large family lay sick in bed of great grief at the loss of her last surviving daughter who had died from the effects of perforation of the vermiform appendix by an orange seed. There were present cardiac hypertrophy and insufficiency of the left auriculo-ventricular valve—severe attacks of angina pectoris when it seemed that death was near. The objective lesions other than those named were retroversion, engorgement, hardening, eversion of the os uteri ; and behind the uterus, four, small, hard, marble-like tumors ; very severe pain, sharp and stinging in the pelvis mostly ; profuse vaginal discharge, not bloody ; menorrhagia. Added to this there was loss of appetite so complete that everything in the nature of food was loathed, even milk being repulsive ; loss of flesh and strength, being unable to rise erect for ninety days ; inability to lie on either side for most of the time ; nausea ; legs cold and sweaty up to the knees ; oft-times great stomach distress, with wind colic ; urine high-colored and of a rank smell as if putrid ; bowels constipated ; a terrible feeling of nervous

restlessness, causing her to move her feet rapidly up and down in the bed; visitors coming and assuring her by their looks and actions that she was about to die. Added to this there was cancer in her family; her father having died of cancer of the stomach, and her maternal grandmother of cancer of the breast.

She was put on general and local treatment, and it was faithfully carried out in connection with good nursing; but she gradually grew worse until at the expiration of three months the symptoms were so alarming that the senior writer was obliged to take strong and decisive grounds, and to tell her, "You must eat, or die of cancer of the womb. Make up your mind to one or the other." She decided to live and to eat; eating against her appetite, but with her intellect and reason and the advice of her medical attendant. She began with tenderloin steak, broiled and cut fine. The most she could take at first was a quantity represented by two teaspoonsful; these she swallowed by a desperate effort, her stomach rising against it. She was fed every four hours. Even after she had fed thus for weeks she felt she *would rather die almost than eat*, but battled against appetite by sheer force of will. The only way she could get down the beef was by swallowing one mouthful of lager beer, which was the only article which did not go against her stomach. The quantity of meat was increased gradually and she was fed for two months against the appetite. The nausea, however, left in about three or four weeks, at this time she was able to move some, and was placed in a Cutter invalid chair part of the day. After two months of feeding she was taken carefully to the seashore, and there she began to get an appetite, but it took one year before she could walk five hundred feet. This case did not fear death, but the form. The results obtained by food are in her case:

1. Heart normal in size.
2. Valvular insufficiency hardly perceivable.
3. Angina pectoris gone.
4. Uterine disease relieved, tumors disappeared, uterus mobile, discharges normal.
5. Urine clear as champagne, 1015—1020 specific gravity; no odor; no deposit on cooling.

6. Restoration to active duties as housekeeper and mother of the family.

No medicine was given after the food treatment, save Hoffman's anodyne when she had palpitation of the heart and suffocation of breath.

When we state that this case is here to-day, we think our hearers will admit that we have a living argument that we cannot ignore as to curability of chronically diseased tissues. As the time is short we will give no more histories and proceed to the closing section of this contribution, to wit:

#### STATEMENT OF PRINCIPLES OF THERAPEUTICS.

1. All cases of serious chronic disease which come under our care are usually placed on a rigid diet of beef, from the top of the round, which is freed, either by the use of the American or Enterprise chopper, from all fat and connective tissue. The resultant is the pure lean muscular fiber which is moulded by the use of a knife and fork and broiled, served to the patient on a hot water plate and seasoned with pepper, butter and salt. In some cases, especially of fatty degeneration, butter not allowed. Too much care can not be given in the selection of the beef and in its preparation; the hand should touch the meat as little as possible, as the human animal heat changes the character of the muscle pulp; it is an art to prepare and broil the meat rightly; some mould the cakes too finely and resultant is not good for the patient. No physician or nurse should consider it an easy thing to prepare their beef properly. It is hard work to make patients live on rigid diet, hence all the help that the art and chemistry of cooking can give, should be utilized.

When the beef has been manipulated and broiled satisfactorily the result will be a cake of pure muscle, its outside thoroughly done and of dark color, on opening it, the color is reddish *but not raw*.

Season with salt, pepper, butter, lemon juice, Worcestershire sauce as desired. Exclude butter in bad cases of fatty degeneration.

2. In these days of hard work and too fast living, the busy man can do well if he eats but one meat and one vegetable at a

meal. If he has plenty of time to use in laying around, that is another matter; then let him live to eat, and vegetate while doing so.

3. Attention must be paid to that great gland, the skin, by giving the whole body a daily sponge bath of ammonia and water, and once a week a soap and water bath.

4. Passive exercise by rubbing and massage must be daily taken. A great amount of force can be placed in a sick person by the rubbing of him or her by a strong composed healthy man or woman. The well person may place one hand on the forehead and the other on the ankle or thigh of the sick one. Once in a while we find a case that will not be rubbed; i. e. the rubbing instead of conferring force to the patient and soothing him, will irritate and annoy him. When the patient is improving, the riding of a bareback horse at a walk, will confer force on him. Still later on, active exercise must be taken, as walking.

Riding in an easy carriage must also be used, as a means of passive exercise.

5. The patient's underclothing must be changed night and morning, and care must be taken by the physician to see that the patient is clad warmly enough. Some people do not know what is the proper amount of clothes to wear.

6. The morals of the patient must be attended to. We are often asked, "How do you make your patient eat beef? I cannot make mine." The reply is simply, "We make them." Those that come to us are usually sick enough to care to do most anything to get well. Indeed, they have been discouraged by the advices of friends and others that they could not be cured. Giving such a one the history of those that have been cured, even if as sick or sicker than the one about to commence treatment, and telling him that he is sick with a disease commonly called incurable, that he is curable, and that if he will join hands with us and work together for the desired end, then if the case consents, good can be accomplished. It is never right to say that you are going to cure a patient. Instead, let him know of his desperate condition and what his chances are. A case



of chronic disease should go on treatment for from six months to two years. He should pay by the month and in advance. This ensures better work on the part of the patient.

His blood and urine, also fæces, must be studied to see how the case improves, to see how much lee-way can be allowed in his diet. He must be encouraged when in the slough of despond and must be held back when getting better and feeling improved, wants to rush into work again. The mind must be closely studied. Causes of worry removed as far as possible. The patient must be instructed that it is for his benefit for him to give up care and live with the minimum expenditure of nerve force.

7. *Medicine as commonly called.* There can be no question that in the treatment of these chronic cases, the food is the first and best medicine. If not so considered then take down your text books and read the matter found under the heading therapy and see what a hopeless enumeration of drugs there is. All that we can do is to get the nutrition on to a proper basis and turning the balance to the right side, i. e. towards health, wait and see what dame nature will do. The waiting is the hardest part of the trouble; so is waiting in all human affairs. But we must not forget that trouble has been caused by long continued acts of physiological sin, and it will take a long time of repentance and holy living to make the body whole again.

But if the cases here given have been accurately recorded and truthfully published, then it must be a fact, that as the human tissues are all the time changing, if we give nature a chance, she will lay down the healthy in place of the morbid. How far this principle extends, only time will tell. The paper of the senior writer in the Albany Medical Annals, July and August, 1887, on "Diet in Cancer" contains some very valuable facts as to the action of food influences in causing and curing tissues under mob law, rioting, as it were:

Sajisbury, in "The Relation of Alimentation of Disease" notes many experiments in the causation of chronic diseases by feeding different foods exclusively. We have before called on the profession to see that these experiments be repeated. If his observations are true, then they are of incalculable benefit to the

profession; if not, their status should be known. It is to be hoped that these experiments on men and animals may be repeated on a large scale *that we may know the truth*.

But as to medicines. Tonics are admissable. Pepsin used as indicated. Medicines to keep all of the glands in condition, are in order.

*As to milk.* A great many physicians are using the milk diet and with success in many cases. The condition of the urine as to biliousness when using milk must be ascertained. In our work, milk often disagrees with our patients. If given it should be taken warm from the cow, or should be sterilized. Milk is very capable of absorbing germs of many kinds, especially those that are producers of fermentative changes.

Lastly, the use of hot water, one hour before meals and on going to bed is warmly recommended. It is a medicine par excellence for the stomach, liver, and bowels. The water should be boiled (and spring water or distilled water is preferable), then cool down to a comfortable temperature. The position taken by the senior writer in 1883 in his small pamphlet "The therapeutical Drinking of Hot Water" is still maintained by him and corroborated by the junior writer. Hot water has undoubtedly proved to be the "Water of Life" to many a sick one.

*The Ariston, Broadway and Fifty-fifth St., New York City.*

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### ENDOMETRITIS: A CAUSE OF EPILEPSY.

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BY J. N. SMITH, M. D., OF CUBA LANDING, TENN.

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Patient, aged 17, began menstruating at fourteen, menstruation irregular up to the present time, when she was seized with an epileptic fit and I was summoned at once to see her. She lay unconscious until next day. Then she complained of a noise in her ears, severe headache and backache, and stated while standing on the floor with a paper in her hand a noise came in her ears and she fell unconscious. I began at once to seek the cause of the trouble and found her to be suffering from amenorrhœa, headache of a nervous character, abdomen increased in size at each monthly period, or at the time her period should appear; she had a severe cough which I termed catamenial bronchitis. Her expectoration was yellow and thick, and at her period mixed with blood. At times her face was flushed, at others it was of a greenish hue, with these exceptions her appearance was that of a healthy girl. Upon further examination I found her to be suffering from endometritis. Then I began the treatment as follows:

I first applied a solution of nitrate of silver according to agreement with Dr. P., who was called in to consult with me. She

being of a scrofulous diathesis I also prescribed iodide of potash and iron with intent to improve and tone up her general health. At her monthly periods I gave her fl. ext. ergot, and recommended a warm bath. I also cupped her at that time and kept up the continuous use of bromide of potash. But she did not seem to improve.

I then prescribed Aletris Cordial one teaspoonful three times a day all time, and Celerina to be given a teaspoonful three times a day for a week before her period, as the fits only returned at that time. I then discarded all other remedies but these, as the former seemed to do no good. To my surprise at the next recurring period, she menstruated, but not free enough, so I prescribed a continuous use of aletris cordial, under which she improved, menstruating regularly, and would have got entirely well but she quit taking medicine without my consent.

During this time I touched the os uteri occasionally with tinct. iodine; but when I prescribed the cordial it seemed to have a curative effect on the os which was inflamed. I think in the future, both of the above preparations will fill a valuable place in medicine. This is the first case of epilepsy I have noticed being entirely cured with celerina. But this patient has missed the attacks, now near six months.

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## Selections.

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ERYTHROXYLON COCA ; ITS VALUE AS A MEDICAMENT.— During the last few years the therapeutic use of coca has been so greatly extended that it may be interesting and useful as a *résumé* to enumerate its many applications.

Although coca has, from its earliest introduction as a pharmaceutical product into France, enjoyed the highest professional recognition, this South American plant can hardly be said to have entered into current therapeutics. It is only since the discovery of the scientific application of the alkaloid of *Erythroxylon coca*, and since the important essays on the drug and the experiments

made with it, that physicians generally have studied and recognized its therapeutic value.

It is well remembered how, in former years, the virtues of the salts of quinine were held to entirely supersede those of cinchona; in like manner this inevitable error has arisen with coca, its alkaloid, cocaine, only having been considered by many.

In consequence of the tests made with cocaine, which, from a physiological point, have established the dose and the limit of its toxic effect, and, from a medical view, have brought to light cases of abuse which have resulted in more or less serious accidents, many have been led to regard the plant coca itself as a dangerous drug.

The proof of the therapeutic value of the coca leaf is clearly shown by the many excellent results obtained in practice with such reliable preparations of the drug as have been furnished the profession by that worthy pharmacist, Mariana.

As to the comparison which many of our *confrères* make between the preparations of cocaine and coca, we do not fear to state that, however sound may be the theory of preferring to administer certain alkaloids to administering a preparation of a plant of which the virtues vary according to where and how it was gathered, the place of its cultivation, its quality, and the constitution and nature of the preparation—we repeat, we do not fear to state that in the majority of cases, as the alkaloid does not contain all the active principles of the plant, it cannot be preferred, except in special cases where the particular action of the alkaloid alone is desired.

The fact is well established that the salts of quinine cannot replace the the extract, the wine, or the powder of cinchona, the tonic principles and the essential oils of which have, without doubt, shown a special therapeutic value; and I need merely cite the indisputable success obtained by Professor Trousseau with the powder of cinchona in checking malarial fevers which had resisted even the largest doses of sulphate of quinine. More especially cocaine cannot replace all the active principles and the essential oils of the leaf of *Erythroxylon coca*, as has been proved from the time of the earliest discovery and use of this plant.

In 1887, at the Institute of France (Académie des Sciences),

and in 1888 at the Académie de Médecine, I demonstrated that coca, by virtue of its active principals, had three very distinct, separate actions (published in the "proceeding") :

1. As an anæsthetic, acting upon the protoplasm of the terminations of the sensory nerves, preventing the transmission of sensations to the centers, the unconscious sensibility of Bichat.

2. As a nerve tonic, producing functional excitement of the cerebral and spinal nerve centers and increasing the intellectual and muscular activity.

3. As a tonic to the unstripped muscular fibres of the stomach, the intestines, and the bladder, producing functional excitement of the constrictor action of the great sympathetic nerve, with consequent functional exaltation of all the smooth muscular fibres or muscles of organic life.

The dissatisfaction produced and the complaints which are made that the plant is wanting in uniformity of quality and is unreliable in producing the desired effects, are due to the varying quality of the preparation.

An essential requisite to produce reliable uniform preparations of coca is a thorough knowledge of the origin of the leaf, its nature, and its quality.

Careful study and researches made by Mr. Mariani for many years as to the origin, the nature, the species, the culture of the different leaves of coca, and the care which he gives to his preparations, have been the means of placing at our disposal products uniform in quality and unvarying in their effects in those varied cases where their internal administration is called for.

I will cite but a few names among those of my many *confrères* whose accorded experience with the Mariani coca preparations coincides with my own, which I am about to set forth, based upon continued observation in hospital and private practice.

It has long been known that the natives used the coca leaves to lessen fatigue, to keep up the spirits, and to appease the cravings of hunger.

The first and main application of the "vin Mariani" is, therefore, as a general tonic for persons either physically or mentally overworked (Brown-Sequard, German Séé, Dujardin-Beaumetz,

Ball, Bouchut, A. McLane Hamilton, A. E. Macdonald, A. L. Ranney, L. C. Gray, L. Weber, Carlos F. Macdonald, H. M. Lyman, I. N. Danforth, P. S. Conner, J. K. Bauduy, C. H. Hughes); in convalescence after lingering, wasting diseases, where nourishment is needed and where it would be dangerous to overcharge the stomach; with all whose recovery is tardy from wasting or constitutional weakness; in chlorosis, anæmia, and rachitis (Ch. Robin, Durand Fardel, Gubler, De Pietra-Santa, Fordyce Barker, Isaac E. Taylor, A. L. Loomis, W. T. Lusk, F. P. Foster, C. C. Lee, J. J. Henna, L. L. McArthur).

It is further used in diseases more specially referable to atony of the smooth muscular fibres, among which we class atony of the stomach. In dyspepsia, in those very common cases where this organ has become weak and torpid, is distended, and fails to secrete gastric juice, coca is well indicated (De Saint-Germain, Cottin, Dieulafoy, Salemi, Companyo, Rabuteau, A. J. C. Skene, P. A. Morrow, T. C. Giroux, Hunter McGuire, E. R. Palmer, O. O. Burgess, J. R. Leaming, Daniel Lewis, T. E. Satterthwaite, W. H. Pancoast, D. F. Woods, J. N. Hyde, L. G. N. Denslow, J. Leonard Corning).

It is also serviceable in weakness of the vocal cords, in the case of ministers, singers, actors, teachers and orators (Ch. Faugel, Morell Mackenzie, Lennox Browne, Botkine, Cozzolino, Zaverthal, Poyet, Coupard, Fraenkel, Marius Odin, Labus, Massei, Louis Elsberg, R. P. Lincoln, Beverly Robinson, W. C. Jarvis, H. H. Curtis, C. C. Rice, C. E. Sajous, E. Fletcher Ingals, H. Schweig, T. R. French).

It is, moreover, of value in weakness of the vascular organs, with the anæmic, the plethoric, where, principally on the face, the small blood-vessels show enlargement or venous arborescence which points to a similar state in the vessels of the nervous centers. The same vascular weakness is also observed with the varicose, in whom coca is indicated; likewise with the paraplegic, with whom it regulates the circulation of the nervous centers (Bernard, Bétancès, Landowski, Casenave-Delaroche, Gazeau, Rabuteau, V. P. Gibney, Robert Newman, E. B. Bronson, J. E. Janvrin, B. McE. Emmet, W. O. Moore, W. J. Morton, D. W. Yandell, J. H. Etheridge).

It may be also as a regulator of the nervous centers that the intusion of coca known as the Mariani produces such marvelous results in mountain sickness, in sea sickness, and in the vomiting of pregnancy. It is well remembered how this preparation sustained the illustrious General Grant during several months (Cuffer, Letellier, Dèrrècagaix, Trossat, Bouloumie, Dechambre, Fordyce Barker, G. F. Shradý, J. H. Douglas, H. T. Hanks, G. R. Fowler, J. M. Keating).

From a psychological point of view and from mental pathology it may be stated that coca is the only drug which successfully combats melancholia, low spirits, and all forms of depression of the nervous system, upon which it acts "like fulminate," to use the felicitous expression of Professor Gubler.—*Marc Laffont, M. D., Prof. of Physiology at the Faculty of Lille, France, in N. Y. Med. Journal.*

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INDIVIDUAL PROPHYLAXIS.—It is not strange, perhaps, that the Chinese who live so nearly opposite us on the globe should have many customs which are directly opposed to ours; but one peculiarity of this people strikes us as smacking of the zenith rather than of the nadir, and that is this: It is said that physicians are compelled to recompense patients who fall ill, instead of receiving fees for restoring them to health.

Why should not the physician's duty be that of the director of the right and the warner against the wrong way of life, physically speaking; that of the "*cane carsem*," rather than merely to try to restore their pristine health to those whom the results of heredity or indiscretion have overtaken? This, of course, presupposes that to perform this office the physician is amply rewarded, and that, too, with a readiness, promptness and willingness equal at least to that with which insurance dues are settled.

It is indeed strange that in a country where a strong, general sentiment demands laws to be made requiring ships, bridges, boilers and engines to be inspected at stated intervals, lest from the effects of use and years some accident occur, dangerous or fatal to human life, yet individually the masses are so careless about the mechanism of their bodies, a mechanism more complex



and delicate than the mind of man ever conceived, or can probably ever grasp, that little or no attention is given to this vital apparatus, until it is markedly and irremediably hurt.

Boiler experts and bridge experts and ship experts are not expected to pump out and raise the sunken vessel, or to rebuild the ruined structure, or gather together the remnants of the bursted boiler; but their duty is to guard against these accidents. Such, too, in his own department should mainly be the employment of him who is skilled in medicine.

Are there not myriads of instances in which an ounce of prevention would have been worth not only a pound of cure, but worth the inestimable value of a human life? The diseases illustrative of this are many, such as: certain heart and liver affections, consumption, diseases of the nerves and the bones, Bright's disease, and diabetes mellitus, glaucoma, otitis media, and malignant growths of various kinds.

The general term "heart disease" covers a number of maladies affecting that organ; but a peculiarity common to most of them is, that they cause no marked subjective symptoms, and the afflicted person knows nothing of the abyss over which he stands. In blissful ignorance he eats and drinks whatever tickles his palate, and as much as he chooses. He walks, or runs, or jumps with the best; he works long hours, and as vigorously as any. In short, he forges ahead through life at the same high pressure as he whose vital machinery is in perfect order, until some day this central organ, persistently overtaxed, strikes work. A gasp, a cry, a fall; and the next day we read: "Mr. Edwards suddenly fell dead yesterday afternoon of heart disease. Mr. Edwards had always been an active business man, apparently of rather exceptional health, and none supposed for a moment that he was affected with so dangerous a malady."

Mr. Edwards died at thirty, forty or fifty, let us say, whereas, if his condition had been known, and he had lived in the manner and on the dietary prescribed by an intelligent physician, his days might have numbered fifty, sixty or seventy years, ending at last, perhaps, through some intercurrent disease.

Another still more prominent affection is consumption. This

is truly the able ally of the "Fell Destroyer," for far more fall victims to this than to any other disease in the category. And yet, if the first indications of the inflammatory process, the beginning infiltration of the connective tissue stroma, or of the degeneration taking place in the products of a catarrhal pneumonia, were well recognized and proper hygienic and medicinal measures enforced, a large proportion of these lives could be saved. This beginning is usually slow, and considerable time elapses before such degeneration has occurred that a suitable and inviting nidus is formed for the bacillus tuberculosis. But when once this micro-organism has invaded the weakened tissue, the patient's chances are, as all know, infinitely less.

Two other diseases might be mentioned which resemble consumption in having an insidious beginning, and an almost certainly fatal end; these are cirrhotic Bright's and diabetes mellitus.

With regard to the latter, we hear that often the first warning the individual has of something wrong is that on urinating upon the ground he notices spots, deposits of sugar left by drops of urine which have splashed against his trousers. Others, again, have their attention first attracted through having to urinate so often. But by this time the disease has usually gotten such hold on the system that little can be done to hold it in abeyance.

Cirrhotic Bright's is, perhaps, a still more insidious trouble. A patient will at last consult a physician for this or that symptom of a weakened vitality, not suspecting the kidneys, and can sometimes hardly be persuaded of the gravity of his case.

Much, too, might be said of malignant growths of various kinds, such as epitheliomas of the lips, cheeks, hands, and of the general surfaces of the body, carcinomas of the breast and the cervix uteri, and of the different attainable parts, likewise of the various sarcomas. All these neoplasms have a small beginning, and if this small beginning fell under the eye of a competent surgeon, the probability is that further growth would be prevented by its excision. But this start is so very small that the patient either thinks it nothing, or altogether fails to take notice of it; or if the patient be a woman, she is too prudish, perhaps, to mention her secret trouble till the increasing growth has infil-

trated the surrounding tissues, has grasped in its clutches some vital structure, or has spread to distant parts, so that when finally she is compelled to seek relief, either the chances are desperate or no hope can be given. Such a case is frequently seen in our hospitals.

A child, with its tender heel, can easily crush out of existence a wriggling worm; but he who treads on an anaconda probably treads on his doom. A little trickling leak in a dyke can be stopped by a boy's chubby fist, but the waves surging through a crevasse will devastate a whole country.

The point it is desired to make is this: the great importance and advantage to each individual of having himself subjected to a thorough periodical inspection by a good physician. Let the habitat of a human life receive attention at least equal to that which an ordinary boiler gets. Let him be examined from head to foot, and his condition be fully stated, should that be deemed proper.

In such a way could many of these insidious, long-standing and troublesome, dangerous or fatal diseases be warded off, ameliorated or cured; and surely the sum of human life and happiness would thus be greatly increased.

Here is the most promising field to-day for the general practitioner, the assiduous cultivation of which would go far towards restoring him to his rightful position, and pull down the specialist from the pre-eminence he has usurped. But—the bright men of the day are specialists, while the general practitioners are to deeply sunken in their ruts to see over their margins.—*Times and Register*.

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**SURGICAL SHOCK—ITS PATHOLOGY AND TREATMENT.**—The term "shock" was originally employed to designate any case of sudden death or collapse, following an injury or mental emotion. With the increase of physiology, and the advancement of pathology, the term has become more and more definitely associated with the idea of a powerful impression on the nervous system, causing a sudden check to the circulation and depression of the entire functions of the body.

We are all aware that shock arises from either a mental source or the result of a serious bodily injury, as an accident, or the effects of an operation.

There seems to be a special gravity attached to those of surgical shock resulting from railway accidents. This may partly be attributed to mental causes, as fright, and, principally, to the general concussion of the body from its suddenly suspended motion.

We observe the pallor and coldness of the skin, the weak and rapid pulse, with sub-normal temperature, difficult and labored breathing, anxious expression with extreme restlessness, shown by the tossing about in bed, all serving to indicate a profound impression on the nervous system and lead us to search with interest the pathological conditions. At the post-mortem examination, the one striking phenomenon revealed is the enormous distension of the abdominal vessels. The blood destined for other regions has been practically withdrawn from the general circulation and produced this useless congestion of the abdominal viscera. In ascertaining the probable cause of this, the greatest credit should be given to experimental physiology.

The vessels of the abdominal cavity are under the control of the splanchnic nerves, and with the cardiac plexus of nerves, there exists not only a striking similarity, but close relationship. If the depressor branch of the pneumogastric nerve be divided by stimulation of its central end, there is produced an immediate lowering of the blood pressure in the arteries of the head, neck and extremities, at the same time will be observed a dilatation of the abdominal arteries and congestion of the abdominal viscera.

This is undoubtedly owing to an inhibiting or paralyzing effect upon the splanchnic nerves, for should they be cut, and the reflex current severed, the circulation becomes restored, and remains so, although irritation to the depressor nerve be continued. As an additional proof, if a frog be sharply struck upon the abdomen, the splanchnic nerves becomes paralyzed and produce the same symptoms as those arising from irritation of the depressor nerve. This has its analogy in a man who has met with a severe blow on the epigastrium.

In addition to the above-mentioned pathological conditions, there is some congestion of the lungs, which, with the feeble and hastily acting heart, indicates the depressing effect exerted upon the cardiac plexus of nerves. These, together with the splanchnic nerves, suffer most, owing to their position and distribution.

From the general paralysis of the vaso-motor system, all vessels lose their tone, and as a result there is some stagnation of blood in the capillaries.

In short, we may say, that shock is an example of reflex paralysis of the vaso-motor nervous system, and the motor and sensory nerves sharing with it.

The treatment of shock presents two objects :

1. Sustain the lessened vitality ; and—
2. If reaction take place, moderate it when excessive.

The first care in a case arising from injury, is to place the patient in a recumbent position, and of course, if there be any source of hemorrhage, it is immediately arrested, if possible. Loosen everything around the neck or chest that could in any way interfere with respiration. In fact, it is better to remove all clothing and wrap him in hot blankets, with bottles of hot water to his extremities, as it tends to elevate the sub-normal temperature. There are many who advocate placing the patient in a hot bath, beginning with a temperature of about 98° F., and gradually increasing to 110° F. By continuing the bath, it has been observed in some cases, that a sub-normal temperature has been elevated to 98.6° F., and the respirations diminished from 36 to 20.

The application of turpentine to the spine, and mustard plasters to the cardiac and epigastric regions, are often of much benefit. For the weak and failing heart at once is suggested the use of alcoholic stimulants. The good effects to be attained by these agents, are often prevented by the large doses given. Instead of accomplishing the desired object, that of stimulation, the opposite is produced, by depressing the system, and making a more difficult reaction. In addition, it should be remembered, that the absorbing qualities of the stomach are much impaired, and an excess of fluid will soon excite vomiting.

From a drachm to a half ounce and six drachms of brandy or whiskey, given every fifteen or thirty minutes, according to the requirements of each case, will answer to the majority of cases. Brandy and whiskey are sometimes given hypodermically, but better results may be obtained from the use of strychninæ sulph., gr. 1-40 1-20, the effect guiding the frequency of administration.

For the failing heart, respiration and general depression of the nervous system, a very effective hypodermic injection can be made by the conjoined use of digitaline, gr. 1-100, atrophine sulph., gr. 1-20 1-80, and strychnine sulph., gr. 1-60 1-30. Ether, when injected beneath the skin, in doses of twenty to sixty minims, will in a few seconds powerfully increase the action of the heart, and, in addition, act as a general stimulant. If there should be much restlessness, an opiate, in the form of morphinæ sulph., will soon answer the purpose. When the patient can swallow, the ammon. carbonat., gr. v to viii, given every hour or two, will produce the most decided effect as a general stimulant.

When reaction takes place, a second indication arises, to moderate it as much as possible and prevent a resulting inflammation. The stimulants should be used with caution, gradually lengthening the interval and afterwards diminishing the quantity; but now, nourishment of a more lasting character is required, as animal broths, wine, whey, milk, and milk punches.

Anodynes, as morphine and the bromides, are always well borne after severe shock, and they overcome the restlessness which is often present.

To patients requiring an operation, the question occasionally arises, as to the propriety of operating before reaction has taken place. As a general rule it is better to defer operating until reaction is commencing or has taken place, but the main guide is the severity of the shock. If it is so grave as to be questionable whether reaction can set in, every means should be employed to restore him before operating; yet the requirements of the case may be such, as to prevent the giving of two, three, or six hours for reaction. In other words, we will find that each patient must serve a law unto his own requirements.—*Henry Jarrett, M. D., in Times and Register.*

## *Reviews and Book Notices*

THE NATIONAL MEDICAL DICTIONARY, INCLUDING ENGLISH, FRENCH, GERMAN, ITALIAN AND LATIN TECHNICAL TERMS USED IN MEDICINE AND COLLATERAL SCIENCES, AND A SERIES OF TABLES OF USEFUL DATA. By JOHN S. BILLINGS, A. M., M. D., LL. D., Edin., and Harv., D. C. L. Oxon. Member of the National Academy of Sciences; Surgeon U. S. A., etc., etc. With the collaboration of Drs. W. O. Atwater, Frank Baker, S. M. Burnett, W. T. Councilman, James M. Flint, J. A. Kidder, William Lee, R. Lorini, Washington Matthews, C. S. Minot, H. C. Yarrow. In two royal 8 vo. Volumes. Vol. I.—A to J—Pages xlvii—731. Vol. II.—K to Z—Pages 799. Lea Bros. & Co., Publishers, Philadelphia, 1890.

Ah! At last we have it; and a most excellent one in every way is the National Medical Dictionary. It is doubtful if any one could be found better qualified, or with better advantages than Dr. Billings to give us a reliable medical dictionary and one that we are confident will become standard. Dunglison's Dictionary for more than a score and a half years has held undisputed the position as a recognized authority in this country, on all words and terms connected with medical literature, but for some reason that work is being allowed to pass out of print, and its successor the National can but succeed to the position so long held by it.

By reason of his excellent educational qualifications, his energy, indefatigable efforts in everything he undertakes, and his familiarity for so many years, with the largest medical library in the world, we feel fully assured that all the words and terms admitted by Dr. Billings in the work, will be authoritatively correct in spelling, definition, and pronunciation. A hasty, but somewhat extended examination of the two grand volumes, indicates that he has carefully introduced all the latest words and new coined terms with which medical literature has of recent years been burdened, thus making it truly indispensable to the progressive physician. The arrangement in two volumes we can commend—

rather than to have so large a mass of matter in one large unwieldy volume. Any one using the work, will in a short time be able to refer to any word needed more readily, whether occurring in the first volume from A to J, or from K to Z, in the second, than could be done in a single volume of double bulk and weight.

The handsome typographical execution, the excellent paper and binding, the large, clear type, arranged in double columns are commendable features, and are fit accompaniments to the literary labors of an author of such world-wide reputation for scholarly attainments, energy and ability. Important features enhancing the value of the National Medical Dictionary, are the series of tables to be found in the first volume, which will prove of incalculable value to the working physician, and which are compiled from works only to be found in large libraries. These tables include a list of doses, antidotes in common forms of poisoning, etc., the inch and metric system of numbering spectacle-glasses, thermometric scales, average dimension of fœtus at different ages, tables of average dimensions of the parts and organs of the adult human body, and of the weights of organs, tables of percentages of nutritive ingredients in many foods, the proportions that are actually digestible, their potential energy, standard for dietaries for different classes, occupations, corpulence, etc. A life-expectation table, devised from the records of American life insurance companies, is also found here, which can but prove serviceable and instructive.

PRINCIPLES AND PRACTICE OF SURGERY. By JOHN ASHURST, JR., M. D., Barton Professor of Surgery and Professor of Clinical Surgery in the University of Pa.; Surgeon to the Pennsylvania Hospital; Sr. Surgeon to the Children's Hospital; Consulting Surgeon to the Woman's Hospital; to St. Christopher's Hospital; and to the Hospital of the Good Shepherd, etc., etc. 5th edition, enlarged and thoroughly revised. With 642 illustrations. 8 vo., Leather, pp. 1148. Price, Cloth \$6.00; Leather \$7.00. Lea Bros. & Co., Publishers, Philadelphia, 1889.

A complete and most excellent work on Surgery, as we have had occasion to say of its preceding editions. Furnishing in as concise manner as is compatible with clearness, a condensed but



comprehensive description of the modes of practice now generally employed and accepted in the treatment of surgical affections, with a plain and instructive exposition of the principles upon which these modes of practice are based.

In revising his work for a fifth edition, the author has used every effort to render it worthy of a continuance of that favor with which it has heretofore been received, and has incorporated in it an account of the most important recent observations and developments in surgical science, together with such novelties in surgical practice as have seemed to him to be really improvements; and has made such changes as have been suggested to him by his vast personal experience as a clinical teacher and practical surgeon.

The general arrangement of the volume is the same as in previous editions; beginning first with a carefully arranged consideration of the important subject of inflammation, after which follows anæsthetics, minor surgery, amputations, surgical injuries and surgical diseases, concluding with diseases of the male and female genital organs. All parts have been most carefully revised, and, though by a change in the typographical arrangement of the book, much space has been gained, yet so large an amount of new material has been added as to require the addition of about thirty pages. The entire amount of new matter amounting to about one-eleventh of the volume.

The number of illustrations has been greatly increased by the introduction of a large number of original cuts, chiefly from drawings and photographs, and of electrotypes showing new and improved forms of instruments and appliances.

The work needs no commendation at our hands. It is only necessary to examine it to see at once its excellence and real merit, either as a text-book for the student, or guide for the general practitioner. While not as large as the monumental work of Gross, or that of Erichsen, fully considering in careful detail every surgical injury and disease to which the body is liable, every advance in surgery worthy of notice to be found in the literature of surgery having been carefully considered and noted in its proper place, it is unquestionably the best and most

complete single volume of surgery in the English language, and cannot but receive that continued appreciation its merits justly demand.

**STUDENTS' AIDS SERIES.** 12 mo., Cloth. Vol. I, Diagnosis; II, Therapeutics and Materia Medica; III, Medicine; IV, Obstetrics and Gynecology; V, Anatomy, Surgery and Physiology; VI, Chemistry, Forensic Medicine and Toxicology. G. P. Putnam's Sons, Publishers, New York, 1889. Price per volume, 75 cents.

Under the expressive and explanatory title of "Students' Aids Series," the publishing house of G. P. Putnam's Sons have brought out some most excellent little volumes that cannot but prove of value and intrinsic worth to anyone engaged in the study of medicine.

Vol. I., Part 1, carefully considers the important subject of Semeiology, by J. Milner Fothergill, M. D., who also is the author of Part 3, on What to Ask; while the subject of Physical Diagnosis is ably treated in Part 2, by J. C. Thorowgood, M. D.

Vol. II., contains the Non-Metallic and Metallic Elements, Alcoholic and Ethereal Preparations in Part 1; the Vegetable and Animal Substances in Part 2, by C. E. Armand Semple, M. D.; while Part 3, on Rational Therapeutics is furnished by J. Milner Fothergill, M. D.

Vol. III., contains in Part 1, the General Diseases; Part 2, the Pathology of the Urine: and Part 3, Diseases of the Brain, all by C. E. Armand Semple, M. D.

Vol. IV., comprises Part 1, Aids to Anatomy; and Part 2, Aids to Surgery, by George Brown, M. D.; and Part 3, Aids to Physiology, by B. Thompson Lowney, M. D.

Vol. V., Part 1, is devoted to Obstetrics, by Samuel Nall, M. D.; and Part 2, to Gynecology, by Alfred S. Gubb, M. D.

Vol. VI., provides in Part 1, Valuable Aids to Chemistry, by C. E. Armand Semple, M. D.; while in Part 2, Forensic Medicine and Toxicology claim the attention of W. Douglas Hemming, M. D.

By the mere enumeration, briefly though it be, of the titles of these little manuals, with the names of the different authors, one can readily see the valuable nature of the series; while their moderate cost, cannot but justify and insure a valuable demand for them. They consist of mere outlines or skeletons of the various comprehensive subjects treated, and in many cases are the abstract of lectures delivered by the various teachers enumerated. Each separate part contains a full and comprehensive index of the subjects under consideration.

A TEXT-BOOK OF ANIMAL PHYSIOLOGY, with introductory chapters on General Biology and a full treatment of reproduction, for Students of Human and Comparative (Veterinary) Medicine and General Biology. By WESLEY MILLS, M. A., M. D., L. R. C. P. (Eng.) Professor of Physiology in McGill University and the Veterinary College of Montreal. With over 500 illustrations. 8 vo., Cloth, pp. 700. Price, \$5.00. D. Appleton & Co., Publishers, New York, 1889.

Professor McGill, recognizing the fact that the mind of the student is apt to be confused by the former methods of teaching physiology by means of experiments on lower animals, without a proper knowledge of their physiological functions as differing from those of mankind, has endeavored to institute a reform by which he hopes to do away with the evil. With this view in mind, he has devoted the first part of his excellent work to the study of both vegetable and animal organisms, lowest in the scale of development. From these, the gradual evolution and development of the more highly organized animals is traced, with special attention to the process of reproduction. He well describes the vital functions of the human species, comparing them with those pertaining to the lower forms of life. He makes earnest effort to enable the student to become an observer and an investigator, bringing to his knowledge and understanding the modes in which laboratory work is carried on; and demonstrating the simple ways of verifying the essential truths of physiology.

The summary concluding each chapter, we regard as a most important feature of the work, both as a means of recapitulation

of the subject matter that has been elaborated, thus fixing it more permanently in the memory; and as a means of ready reference to the various great truths that have been under consideration.

The book is an embodiment of the author's course of lectures, which have given eminent satisfaction, and it is essentially, from first to last, an educative work. The illustrations, even in their abundance, have been well chosen from the best available sources, and are largely supplemented by original diagrams of the author.

The publishers have left nothing undone that could add to the excellence of so valuable a work.

**ANÆSTHETICS, ANCIENT AND MODERN:** Their physiological action, therapeutic use, and mode of administration; together with an historical resumé of the introduction of Modern Anæsthetics—Nitrous Oxide, Ether, Chloroform and Cocaine; and also an account of the more celebrated Anæsthetics in use from the earliest times to the discovery of Nitrous Oxide. By **GEORGE FOY, F. R. C. S.**; Fellow of the Royal Academy of Medicine in Ireland; Surgeon to the Whitworth Hospital, Dumcondra; Author of "Science and Civilization," "Medicine during the Commonwealth," etc., etc. Balliere, Tindall & Co., Publishers, London, 1889, forwarded by Messrs. West, Johnston & Co., Booksellers and Stationers, Richmond, Va.

The greater part of this excellent little work was first published in a series of articles in 1888 and 1889, in the *Dublin Journal of Medical Science*. It comprises a very full historical sketch of the subject of Anæsthesia from the earliest times to the present; including full details of all the latest accepted plans and methods resorted to in Anæsthesia.

**AN EXPERIMENTAL STUDY IN THE DOMAIN OF HYPNOTISM.** By **DR. R. VON KRAFFT-EBING**, Professor of Psychiatry and Nervous Diseases in the Royal University of Graz, Austria. Translated from the German by Chas. G. Chaddock, M. D., Assistant Physician Northern Michigan Asylum. 8 vo., Cloth, pp. 129. Price \$1.25. G. P. Putnam's Sons, Publishers, New York, 1889.

The subject of hypnotism is a most interesting one, and its domain one of mystery. The interesting case of which the clin-

ical history is given, and the various phenomena and phases of the hypnotic state, so graphically delineated in this monograph, together with the deductions of Prof. Krafft-Ebing give an unusual value to this little brochure. In it is comprised the observation of a writer whose has largely been connected with the progress of knowledge of the phenomena comprehended in the term "insanity," and to whose opinion alienists accord the consideration due an authority.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS, Consisting of Original Treatises and Reproductions, in English, of Books and Monographs selected from the latest literature of foreign countries, with all illustrations, etc. 8 vo., Leatherette. Published monthly by Wm. Wood & Co., 56 and 58 LaFayette Place, New York, 1890. Price \$10.00 per year; \$1.00 for Single Copies.

The January, 1890, issue, Vol. V., No. 1, of this valuable series contains the following :

"Neuralgia ; its Etiology, Diagnosis and Treatment," by W. B. Gowers, M. D., F. R. C. S.; "Prognosis of Diseases of the Heart," by Prof. E. Leyden, Berlin ; "The Spectrum ; a Contribution to Clinical Diagnosis and Practical Examination for Tubercle Bacilli," by Peter Kaetzer, M. D. ; "Hypnotism ; its significance and management briefly presented," by Dr. August Forel ; "The Forms of Nasal Obstruction, in relation to Throat and Ear Diseases," by Greville MacDonald, M. D.

RESPIRATORY FUNCTIONS OF THE NOSE, AND THEIR RELATION TO CERTAIN PATHOLOGICAL CONDITIONS. By GREVILLE MACDONALD, M. D., Lond. ; Physician to the Throat Hospital, etc. 8 vo., Cloth, pp. 72. Houghton, Mifflin & Co., Publishers, Boston and New York, 1889. Price \$1.25.

In this handsomely printed little brochure, we find the following subjects very ably considered : 1. Experimental Physiology of the Nasal Respiratory Functions, including (a) the Degree to which the temperature of the air is raised by the Nose ; (b) the degree of humidity acquired by the Air ; and (c) the chemical changes that take place in the Air in passing through the Nose.

2. On the Structure and Function of the Inferior Turbinated Body. 3. The Relation of the Physiology of the Nose to certain pathological conditions.

MONOGRAPHS. 12 mo., Cloth. Lambert & Co., Publishers, St. Louis, Mo.

Under the above title, the Lambert Pharmacal Co., of St. Louis, have issued a most excellent little volume containing Monographs on the following subjects: Chronic Nasal Catarrh, by George Morewood Lefferts, A. M., M. D.; Media Purulenta, by Dudley S. Reynolds, M. D.; Atrophic Nasal Catarrh, by Carl Seiler, M. D.; Summer Diarrhœa in Children, by Isaac N. Love, M. D.; Treatment of Whooping Cough, by John M. Keating, M. D.; Personal Experience in Diphtheria, by Bedford Brown, M. D.; Pyogenic Membranes, by W. W. Dawson, M. D.; Fistula in Ano, by Joseph M. Matthews, M. D.; Treatment of Ovarian Cysts, by Geo. F. French, A. M., M. D.; The Present Status of Antiseptic Surgery, by Wm. Tod Helmuth, M. D.; Operative Wounds and Germicides, by Henry O. Marcy, A. M., M. D.

THE INTERNATIONAL MEDICAL ANNUAL, 1890. A Complete Work of Reference for Medical Practitioners. Eighth Year, 8 vo., Morocco Cloth, about 600 Pages, Illustrated. Ready early in 1890. Edited by P. W. WILLIAMS, M. D., Secretary of Staff. Assisted by a Corps of Thirty-Seven Distinguished Collaborators widely known in Europe and America. Price, \$2.75; Post Free. Uniform with Treat's Medical Classics.

The Annual has the largest circulation in the United States, Great Britain, Australasia, Canada, and the British Provinces, of any Medical Periodical (not a newspaper) published.

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SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Griefswald.

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MARIANI & Co.'s New York address is No. 52 West Fifteenth St., and not West Fourteenth, as it incorrectly appeared in our January number.

## *Editorial.*

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### DIETETICS.

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Unquestionably, the physician of the present day does not pay sufficient attention to the valuable aid and assistance to other curative measures, that pertain to the food we eat. The subject does not claim one-tenth of the consideration it properly deserves in our medical schools and colleges. Too much reliance entirely is placed upon drugs and the therapia derived from the laboratory of the chemist. Barring a few cursory remarks occasionally from the lecturer on practice or clinical medicine, and the views that necessarily pertain to the subject of digestion while it is being considered by the teacher of physiology, the medical graduate generally enters upon the practice of medicine, relying upon this limited amount of instruction, supplemented by traditional views derived from the maternal kitchen during his boyhood days.

We do not propose to enter into a full and complete discussion of the subject of dietetics on this occasion, but merely desire to call attention to the important need of giving it a greater degree of attention than it has received for some time past. The literary efforts of Drs. Ephraim and John Ashburton Cutter, a most excellent joint paper occupying largely the "original" part of this month's issue, together with their other valuable observations in this line; and the publications of Dr. Salisbury, show most conclusively that much good can be accomplished in this direction. The old adage of "What is One Man's Meat is Another's Poison," if not literally true, contains so many important germs of truth, that it is remarkable that more attention has not been paid to this subject.

Our medical periodicals, the transactions and publications of our state and national organizations fairly bristle and gleam with scintillations of bright steel and clashing scalpel of general or special surgeon, gynecologist and obstetrician; while an occasional article on general practice is at infrequent intervals found sandwiched between, or buried in a mass of new remedies, therapeutic novelties, and new

forms of old and well-known drugs; the important subject of dietetics still receiving no more attention than occasional cursory mention; leaving the general practitioner of medicine or surgery, to still grope along in the old, old rut, his vision not aided, but dimmed by the wonderful attainments of the glittering scalpel.

This subject is not only of importance to the general practitioner, but to each and all, surgeon, general or special, gynecologist and obstetrician. Every surgeon knows that the operative procedures, important though they be, would be futile indeed, were it not for a thorough attention to details prior and subsequent thereto—he is twice a physician while he is once a surgeon is an old and apt phrase. Yet we will find teachers of surgery to-day, dwelling day after day, with high flown rhetoric and ablest elocutionary effort, upon these operative procedures, while the subject of dietetics, of paramount importance, receives but barely occasional attention, in the somewhat cursory remarks that are devoted to preparatory and subsequent attention to wounds and other surgical affections. Scores upon scores of new volumes each year vie with each other in the various departments of medicine, surgery, and the various specialties, while the works upon this truly important subject are extremely few and far between, and those that do make their appearance from time to time, comprise the traditional lore of the past added to the limited scientific developments in this line in more recent years. What is needed, is that some of the live, progressive minds of the present day, turn their attention to this subject, by means of experiment, original investigation and practical observation.

The striking features of the paper of Drs. Cutter in regard to Bright's disease are remarkable indeed. Here we have a morbid condition that with each successive year is claiming its victims by the hundreds—withstanding that the entire field of therapeutic resources—so far as drugs and chemicals are concerned, have been ransacked in vain; time and again some anew preparation comes to the front with special claims as a curative measure—but alas! like so many of its predecessors, it is soon relegated to a dusty shelf and is forgotten.

Bright's disease—or more properly Albuminuria, in its more common or chronic form, appears most frequently in two classes of persons. In the one, as a result of alcoholic excesses; the irritant effect of the alcoholic poison being aided by gross feeding, in the excessive development of fibroid tissue in the renal structure. In the other, the active



business man, occupying the higher planes of our civilization, as he reaches or begins to turn the climacteric, his business ventures having proven successful, continues his highly nitrogenous diet, which was previously essential, notwithstanding that now his labors are more of brain and nervous system, than the muscular of his earlier days. The excess of nitrogenous aliment no longer used up as fuel by muscular exercise and to a great extent eliminated by the "sweat of his face" in accord with Divine edict, in its escape by the kidneys gives us almost a similar condition of renal pathology as in the first instance. In both, the error is one of dietetics, and in both, relief if obtained at all must be derived from dietetic—not therapeutic measures.

Lithiasis, the gouty diathesis—so long recognized as a result of dietetic excesses, yet if half the investigation, the observation, and attention—*half* did I say? Nay, one-tenth the attention had been paid to dietetics as to therapeutics, it would long since have been unknown as a hereditary (?) or transmissible (?) diathesis.

Therapeutics—Bah! I don't like the word as applied to drugs. As such, it has so long been a hobby, that it almost stinks in the nostrils. When will doctors give proper thought and consideration to other curative measure than are to be found on the apothecaries' shelves? Granted, that to be found here are many valuable aids to the relief of pain and suffering, and the arrest of many morbid processes. Yet, equally valuable, and in many cases, far more successful results will be obtained by a thorough attention to the details of the necessary means of building up new tissue, and giving rest to that which is worn, tired or well nigh exhausted, by a careful adjustment of those therapeutic means to be obtained from the pantry or kitchen.

While in the early stages of almost every instance of acute disease, nature herself takes the matter in hand, and prevents the injury or damage due to improper alimentation by arresting all desire for food, yet, as the case progresses, her efforts here may become erroneous, and assistance on the part of the physician may be of great importance, in overcoming that repugnance to food, which if too persistent may prove detrimental. One of the grandest sayings of any medical man belongs to Dr. Graves. "He fed fevers"—and by this new departure unquestionably did a vast amount of good to the sick and suffering of his day and subsequently

On the other hand, in chronic diseases, in incurable organic affections, the therapeutic aids and measures pertaining to the kitchen and

the pantry, are of far more importance than the highest developments of pharmaceutical art.

Drugs are necessary—unquestionably—but we must not rely upon them exclusively.

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AMERICAN MEDICAL ASSOCIATION.—In accordance with the resolutions of last year adopted by The American Medical Association, at its meeting in Newport, Dr. Wm. B. Atkinson, P. O. Box 400, Pine Street, Philadelphia, the permanent Secretary, is already perfecting arrangements with the principal railroads and transportation lines throughout the country, by which special rates may be secured for such members of the Association and their families who may wish to attend the meeting in May next, in this city.

The Secretary desires, as far as he may, to learn at any early date how many individuals may probably desire to avail themselves of such special rates, and their localities. He therefore invites individual correspondence and will avail himself of the information thus obtained in securing the desired concessions.

Until the last year, the railroads have pursued a liberal policy in this matter, and a generous patronage has well repaid them. Happily, this year the meeting is so located that no single road can bar them from a like liberal policy. We anticipate that such arrangements will be made that the profession will appreciate the inducements offered, and that there will be a very large representation at the annual meeting. Let every member of the Association who desires to attend, at an early date indicate to Secretary Atkinson the number of tickets he may wish to secure and his lines of travel.

It may seem to individual members a little matter, but the aggregate will be very helpful in securing final results.

---

SUCCUS ALTERANS.—Convalescent Hospital, Mabelthorpe, Lincolnshire, England. Dear Sir:—From my experience of "Succus Alterans" I can speak of it as a powerful tonic, and a hæmatinic par excellence. In the anæmic patients in whom I have prescribed it (sic), increased appetite and assimilation of food were very apparent, a rapid increase in weight being the result. Its diuretic action specially recommends it in those cases of dropsy where anæmia forms the principal factor.

Looking at its action on the blood and kidneys, with the slight action on the skin and bowels which I have noticed, it should have much to say to the elimination of syphilitic virus from the system.

Yours very truly, (Signed), J. A. FEENY, M. R. C. S., England;  
L. R. C. P., London; Surgeon to the Convalescent Hospital, Mabelthorpe; Honorary Member Nottingham Medico-Chirurgical Society;  
Member Abernethian Society.

---

"COMING FOR WOOL, THEY WENT AWAY SHORN."—Dr. J. C. Culbertson, our able and earnest confrere of the *Cincinnati Lancet-Clinic*, we learn from Associated Press Dispatches of January 29th, was assaulted by two Cincinnati lawyers named Burch and Johnson. The doctor, with the aid of the foreman of his printing office, defended himself, and afterwards had his assailants arrested. The occasion of the attack was the article in the *Lancet-Clinic* of January 25th, in which these limbs of the law were denounced in caustic terms, for an attempt to blackmail Dr. C. D. Palmer in connection with a suit for malpractice. We congratulate Dr. C. on his successful defense and sincerely hope that the statutes against champerty, attempts to blackmail, etc., may be promptly enforced, and that his assailants may meet with timely and appropriate punishment, for these as well as their later crime.

---

DR. C. C. FITE who was so well and favorably known as the Secretary of the Tennessee State Board of Health, and as the efficient and courteous Secretary of the Tennessee State Medical Society for several years in the recent past, favored us with a call in the interest of Messrs. Reed & Carnrick. He left with us samples of several of the excellent preparations manufactured by this reliable house, which in every instances have fully justified the claims made for them. Their Lacto-Preparata and Soluble Food are in every way most excellent, and their Sulpho-Calcine is substantially endorsed by such progressive men as W. C. Wile, M. D., A. M. Owens, M. D., and others. Their Peptonized Cod-Liver Oil and Milk is a peculiarly happy combination.

Dr. Fite will call upon the physicians of Tennessee, and it is unnecessary for us to say that his statements may be relied upon.

SIR OSCAR JENNINGS, the noted English physician, states that La Grippe is "a bastard, pulmonary rheumatism." From this it would appear that the use of Liq. Tong. Sal., (Tongaline), is particularly indicated for the relief of that trouble, which has proved such an epidemic in Europe and promises to do so in this country. In Liq. Tong. Sal., we have Tonga, *anodyne*, Cimicifugi, *anti-rheumatic*, *anti-spasmodic*, Sodium Salicylate, *anti-germinative*, Pilocarpin, *diaphoretic*, Colchicon, *anti-rheumatic*, *purgative diuretic*. It will be observed therefore that the action of Tongaline, which is exactly adapted for the indefinite kinds of rheumatism, should kill the microbe and carry such out of the system through the natural channels. In some instances the use of Quinine, Antipyrine, Acetanilid, Aconite, Benzoate Lithia, Iodide of Potassium, etc. may also be used in connection with Liq. Tong. Sal. when indicated by the peculiar conditions of the case.

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AIR MOUNT, MISS., Jan. 28, 1888.

PARIS MEDICINE CO., Paris, Tenn.

GENTS:—Your preparation of Lyon's Tasteless Quinine was received. Please excuse me for not reporting the result of same sooner. I was highly pleased with the use of it. It is the only preparation of Tasteless quinine that I find entirely satisfactory, I deem it invaluable for infants and children, and it is as efficient in its action in every way as the Sulphate. I order from Memphis, but will perhaps give you an order some time this year. With thanks for the sample and wishing you much success, I am,

Yours truly,

A. LOUIS JACKSON, M. D.

---

G. W. WATTS, M. D., Auxvasse, Mo., says: I find Celerina very useful in cases of old persons, whose digestive powers are failing, and in the convalescing period of those old persons from acute diseases, such as pneumonia, bronchitis, gastro-enteric troubles, etc. In two cases recently treated of this kind Celerina seemed to restore both the nervous and digestive system. Both of these cases were very old persons, they are now apparently well.

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STRICTURE.—The Century Chemical Co., 2949 Sheridan Ave., St. Louis, Mo., offers a new method of curing strictures. Send to them for pamphlet containing formulæ, full particulars as to samples, etc.

They also manufacture Hoff's Medicated Urethral Bougies, for the cure of gonorrhœa and gleet, all of which have received excellent testimonials at the hands of practical physicians in different states.

---

TRUE TO HIS TRADE.—Small boy who has broken through the ice, (not this winter, but r'mother winter).

Hello! Mister, help me out, will you, will you?

M. D.—What for?

Boy.—“true to save me life.”

M. D.—“Why, bub, I am not in the Life Saving Service, I'm a Doctor.”

---

AMENORRHEA.—

R      Ol. Sabinæ.....2 drachms.  
          Ol. Rutæ.....2 drachms.  
          Alcohol.....1½ oz.

Dissolve and add:

      Aletris Cordial.....4 oz.

M. Sig. Teaspoonful three times a day.

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“DURING an epidemic of Dengue or Break-bone Fever, I gave Liq. Tong. Sal. a thorough trial and found it much more successful than the usual treatment, such as Iodide of Potassium, Wine of Colchicum, Quinine, Salicylic Acid, etc.; in fact, I found that Liq. Tong-Sal. effected a cure in nearly every instance.”

A. M. SITTLER, M. D.

Bomantown, Carbon Co., Pa.

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THE MEDICAL MIRROR, No. 1, Vol. I., January, 1890, has been received. Its reflections are brilliant indeed, and that it will be well received and highly appreciated by the medical profession, “goes without saying,” in as much as it is so well filled with Love.

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SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Greifswald.

## CONTENTS FOR FEBRUARY, 1890.

---

### ORIGINAL COMMUNICATIONS:—

Nashville Obstetrical and Gynecological Society . . . . .	51
Trophopathy in the Fatty and Fibroid Degenerations. Joint Paper. By Ephraim Cutter, M. D., LL. D., and John Ashburton Cutter, M. D., B. Sc . . . . .	56
Endometritis; A cause of Epilepsy. By J. N. Smith . . .	67

### SELECTIONS:—

Erythroxyton Coca; Its Value as a Medicament . . . . .	68
Individual Prophylaxis . . . . .	72
Surgical Shock—Its Pathology and Treatment . . . . .	75

### EDITORIAL, REVIEWS, ETC:—

Book Notices . . . . .	79
Dietetic . . . . .	87
American Medical Association . . . . .	90
Succus Alterans . . . . .	90
Coming for Wool, they went away Shorn . . . . .	91
Dr. C. C. Fite . . . . .	91
Sir Oscar Jennings . . . . .	92
Paris Medicine Co . . . . .	92
G. W. Watts, M. D . . . . .	92
Stricture . . . . .	92
True to the Trade . . . . .	93
Amenorrhœa . . . . .	93
The Medical Mirror . . . . .	93
Editorial Items . . . . .	93

# THE SOUTHERN PRACTITIONER.

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DEVOTED TO MEDICINE AND SURGERY

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DEERING J. ROBERTS, M. D., - - Editor and Proprietor.

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Vol. 12.

NASHVILLE, MARCH, 1890.

No. 3.

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## *Original Communications.*

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CHARGE TO THE GRADUATING CLASSES OF THE  
MEDICAL AND DENTAL DEPARTMENTS OF  
THE UNIVERSITY OF TENNESSEE.

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BY JOHN A. WITHERSPOON, M. D.,  
*Professor of Physiology.*

---

GENTLEMEN OF THE GRADUATING CLASSES: Why you have chosen me to deliver the faculty charge to-night, I must confess, is to me a mystery. While I thank you for the honor, I doubt the judgment of the selection, and it is with great reluctance that I attempt to represent this faculty, of which I am the youngest in years and experience, and the most limited in attainments; for there are men in it who stand the equals of any in their departments in the South—men who have nursed, by their untiring energy and devotion, the once infantile Medical and Dental Departments of the University of Tennessee in fifteen years to its present gigantic proportions, and by their matchless ability have made it the best institution of its kind in the South.

To-night you may well feel proud to have received the title of M. D., or D. D. S., from an institution, the signatures of whose faculty is unquestioned proof of your capabilities.

Gentlemen, allow me to congratulate you upon the presence of so many of the ladies who have manifested an interest in you by smiling their congratulations upon this truly eventful occasion. And, ladies, I thank you in their behalf, and in behalf of the faculty, for I know nothing so encouraging to men when they start out to struggle with the stormy elements of life as the all-pervading influence of a woman's smile. Indeed it is the talisman which leads men on to success. Gentlemen, you may well feel proud that for once in your lives, while in the presence of ladies, you are the center of attraction.

And, ladies, I wish to apologise to you for addressing my remarks almost entirely to gentlemen to-night, my excuse being that it is the first time in my life that I have shown such bad taste.

Gentlemen, I have chosen for my subject one which must be of interest to us all, in whatever capacity of life we have chosen to labor; namely,

#### SUCCESS.

What a world of meaning is embodied in that word you will realize more thoroughly when you embark on the great sea of struggling humanity, all striving for the same goal. You have thought but little of anything for several months save your success in your examinations, and I heartily congratulate you on your merited victory; for the time is very short since my very soul quaked with fear of the green-room and its imaginary horrors, but they have been vanquished, and to-night you stand on the very threshold of a new life, and if you show the same earnestness and zeal which has characterized your career as students, you will reflect credit upon your Alma Mater, honor upon your family and success upon yourselves. But, gentlemen, you are only at the beginning; the end is hidden by the misty veil of the future.

Many of you, possibly, are congratulating yourselves that the Rubicon is crossed, that the garden of promise in your chosen



profession has been reached, and the golden fruit hangs within easy grasp, for the springtime of life is upon you, the buds of future hopes are swelling with gilded promises, and the nymphs of a successful future dance before your eyes like fickle little sunbeams on the glimmering mirage of a thirsty land; yet, I would not cause the collapse of a single gaudy bauble which floats upon the sea of your daytime dreams. But here let me say that you have scaled the walls and planted your feet upon the soil which, under proper cultivation, yields a bountiful harvest; but, gentlemen, the fruit hangs high, and the tree which bears it is hard to climb. He who would partake of such delicacies must be endowed with the persuasion of success, and do so by perseverance and a determination to overcome all obstacles, despite the many disappointments he will receive in the ascent. And, gentlemen, let me remind you who are now standing at the foot or base, that from there to the first limb is the most difficult climbing, for subsequently, step by step, a branch will present itself for your determined feet.

First, let me impress upon you the importance of aiming high. Do not be satisfied with moderate success or mediocrity. Moderate success may throw a pale moonlight radiance upon your path of life, but it lacks heat sufficient to develop your best possibilities, nor will it melt the ice of self-satisfaction with which too many of us are clothed. Be enthusiastic and determined in your efforts, for they are the fires which warm into life the very spirit of success. You have chosen a jealous profession which demands the best possibilities of your nature. You will have entrusted to your care the lives of loved ones, and you will be expected to render growth more perfect, decay less rapid, life more vigorous and death more remote. Can there be greater responsibility thrown upon the shoulders of a finite being? And, gentlemen, to meet and be worthy of such responsibility requires never ceasing study, toil and energy. Have you burned your midnight oil as students? If you do your duty, you will find the necessity of burning it longer as practitioners. Ponder well the lives of the gloriously great men whose names have adorned our profession through all ages, who have paved the mysterious

road of professional lore with the fundamental stones of scientific investigation, and stand like stars of the first magnitude to light us on to success. What are their lives but records of toil and self-sacrifice?

We cannot all be Harveys, Hunters or Jenners, but we can do our whole duty according to the talents an all-wise God has given us, always remembering that the word "impossible" has been justly termed the "mother tongue of little souls."

If you would succeed, you must not think your diploma is all you need, for the time has come when the world demands that a man be known by his own individuality. He must think and act for himself, always giving a "reason for the belief that's in him." I know of nothing more exacting than the duties of the profession you have chosen, and success will be given you only as your capabilities manifest themselves to the people who have the right to demand a man who will keep up with the rapid strides in medicine, and who is ever ready by education and thoroughly maturing his subject, to meet the many emergencies and ills of life. You have now just gained the right to study the great problems of life, the mastery of which is beyond you, but when modified or perverted by disease it then comes within the range of human investigation, the unravelling of which brings success laden with the choicest blessings which come to man on earth. A consciousness of duty well performed, being master of the situation, watching the ever-changing type and symptoms of disease, and meeting the emergency or checking the threatened storm, controlling the consequences of inevitable ills, and relieving human suffering is worth a life-time of study and toil, and is the grandest reward you will ever receive. But you can never feel this pleasure unless you prepare yourselves in every department of medicine, for its demands are as varied as the hues of the rainbow, at whose variegated end lie treasures more resplendent than the mythical bag of gold.

Now, gentlemen, all this means a tenacity of purpose, never ceasing, never tiring study. As young men, you will have to "win your spurs" before you can wear them; even your most intimate friends will wait for you to try your hand upon

some one else, and your own actions will either forward or retard this most important stage of your professional career.

Now let me formulate some of the essentials of success. Always be dignified, but not to the extent of destroying sociability. Never affect anything unnatural; be true to yourself and your nature. Always be a gentleman, and act one upon all occasions. Shun immorality as you would a viper. In my opinion, the most essential thing to your success is to keep your own counsel—never let your left hand know what the right does. You will, as family physicians, be admitted into the sacred precincts of domestic secrets—you will be the closet of many household skeletons. You must hold this confidence inviolate, for here stands the rock which has wrecked the bark of success of many young physicians at the very flood-tide of their lives. Never refer to them even to members of the family.

Stand shoulder to shoulder with your professional brother. Remember that your duties make you peculiarly dependent upon each other—treat them strictly according to the code of ethics; and I know of nothing equal to that code which was given to man and handed down from Mt. Sinai. I would especially guard you to treat the older members of the profession with great respect. Never refer to them as “old fogies,” as I have heard young men do. I have a contempt for a man who would make use of such a remark. Always remember that, notwithstanding many of them have not had the superior advantages of the medical student of to-day, that they are the pioneers of the profession, and learned and practiced medicine at a time when under the many disadvantages of lack of experimental evidence, it tried men’s souls. You will find that they, with their world of experience and observation, will many times explode some of your pretty theories, and enter a case, take some simple home remedy and do more good than all your finely prepared pharmaceutical preparations.

I would also advise you against an error which seems to have arisen in these times of rapid progress—and that is, setting aside all modesty and professional etiquette, pushing yourselves forward by foul means for practice, such as running your horse

through crowded streets, blowing of the number of your cases and your wonderful success.

Gentlemen, but few men who thus boom themselves into a practice are capable of sustaining themselves. I once heard of an old divine who had a son who was a physician, and every Sunday in the midst of the services a messenger would come for his son to go post-haste to some urgent call. The good old man would stop and ask the congregation to pray that his son might be endowed with the skill and power to save the patient. Gentlemen, with men who resort to such means for practice, I think it would have been more appropriate and Christian-like to pray for the patient. Such acts are beneath the dignity of the physician, and such success is ephemeral, and will pass away in the crisis which breathed it into existence. Now, do not understand me that I am opposed to young men pushing themselves to the front. Far from it. I even believe it our duty to push our professional success by every fair opportunity, when we can do so without compromising the dignity of our profession.

Next to my last, I advise you to marry. No man is a success at any occupation until he has a good, sensible wife to advise him. Doctors always get the best women in the world for wives, and I have often thought it one of the wise dispensations of Providence, for if there is any one on earth that needs that sort, it is a doctor, and since I have one, and knowing you will be able to fool some one into marrying you, I want to say that I think they are the bravest women in the world to undertake such a mission.

Now, gentlemen, in striving to direct you into the highway of success, I feel that I would be recreant to my trust if I did not remind you of your solemn obligation to the faith and practices of the Christian religion. The unswerving integrity of a Christian character is not only a passport to the achievements of success, but is an indispensable essential to the full discharge of your highest responsibilities. Permit me to warn you against that attitude of skepticism which, instead of lending to life an air of wisdom and wide prudence, as so many seem to suppose,

only becomes the insuperable barrier to its grandest possibilities.

You may, indeed, by professional skill and enterprise, win laurels of success in the great arena of action; but if you would reach the highest attainments of your profession, and wreath your brow with laurels of unfading glory, take as your example the world's great ideal Physician, who in his ministries of love regarded the wants of both the lower and the higher man.

The goal of success is not the mere accumulation of money. Your profession is indeed a sacred one. From these halls you go out into a world of suffering, sorrow and death, as ministers of life. But remember that life is not circumscribed by the body, or measured alone by the pulse beat. When death stills forever the heart of his victim, above his wreck there arises an inner life to a destiny of bitter woe. Grand is the heroism of the man who, taking his life in his hand, braves the dangers of epidemics, to alleviate the physical pains of suffering humanity, and by his skill and unfaltering devotion to rescue men from the very jaws of death. But there comes a time when all remedies will fail and skill stand baffled—when death will advance his pale ensign to claim his victim, and when your ears will be greeted by the bitter wails of human anguish. Gentlemen, any one who can constantly be thrown in just such scenes of sorrow and distress, and is not moved to realize the power above him, is not worthy the name of man.

Gentlemen, you go forth upon an untried future—fierce may be the conflicts before you, but face them with undaunted courage. Be true to yourselves, true to your profession, and true to your God, and the brightest jewels will enrich your crown of success and enable you to brighten the path of others with the reflections of your own happy, successful lives.

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SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Greifswald.

## UTERINE CANCER.\*

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RICHARD DOUGLAS, M. D., NASHVILLE, TENN.

---

The varieties of malignant disease which affect the uterus are three in number—viz: Sarcoma, carcinoma and adenoma.

The first two are always malignant. Adenoma is often, but not always so. Williams says an adenoma of the uterus is perhaps always malignant.

Sarcoma is a growth of the connective tissue type, originating in connective tissue structure and grows from its constituent cells.

Carcinoma and adenoma, on the other hand, contain epithelial elements, and it is to these epithelial elements that its special characters are due. All such tumors consist of epithelial cells in a stroma of vascular connective tissue. Now should there be a definite arrangement of the epithelium with reference to the stroma of some particular gland, we should call such a tumor on the plan an adenoma.—Orth.

Carcinoma is an epithelial neoplasm of imperfect development. The epithelial cells and the fibrous tissue interpenetrate each other in an inchoate way.

By the multiplication of epithelial cells we have produced nests or clusters; but there never is in carcinoma any orderly arrangement of these cells.

While we can make this rather precise anatomical distinction between the three forms of neoplasm, it is not always easy, even with the microscope, to say to what particular group the specimen belongs.

There is one fact which must always establish the identity of cancer—viz: That it is an epithelial growth, consisting of epithelial disarranged elements and growing from epithelial structure.

---

\*Abstract of a paper read before the Nashville Gynecological and Obstetrical Society, February 4, 1890.

That we may consider intelligently the subject before us, let us define what we mean by the vaginal portion of the uterus.

The uterus is divided into three parts, a division effected by the epithelium and the arrangement of the glands.

That portion exposed in the vagina concerns us to-night. The external orifice is the place where the squamous-epithelium covering the surface of the cervix ends, and the columnar form begins.

Cancer of the portio vaginalis was formerly classified into scirrhus, encephaloid, medullary, and epithelioma, a classification of but little value and without meaning.

I think, we should adopt the simple classification of Orth. He says "cancer of this portion of the uterus occurs in two essentially different forms. The first a real tumor, originating from the os, and, when extensive, involves the entire vaginal portion of the cervix." This tumor is not a compact mass, but is composed of separate papillæ, which are situated so near together that they resemble a cauliflower, hence the name cauliflower excrescence. Upon the surface of the mass an ichorous disintegration of the tissue is very liable to occur, so that the tumor is converted into a stinking, dirty, greenish mass.

In the second variety there is no presence of a tumor. The carcinoma process may be likened to the rodent ulcer on the nose. It is this dry form which, by its distinctive eroding qualities, produces death through its destructive process.

The observation of structure alone is not sufficient. We want to trace the course of the disease, the track or direction in which it travels, seek out its favorite posture, in short, what is the true nature of the terrible stranger who comes as an unwelcome guest, where all are in the full enjoyment of the felicities of home, he stalks forth with his green and nasty visage to pronounce the death sentence upon sister or mother.

Having considered briefly the pathology, the most important, if not the most interesting part of the topic, is the direction of the growth of the cancer. Does it grow deeply, involving uterine structure, or does it spread superficially and, if the latter, in what direction.

It seems to be the opinion of authors on this point, Williams particularly, having given it special attention, that cancers of the portio vaginalis do not grow onwards toward the cavity of the uterus, but outward and downward towards the vagina. It creeps, says the writer, towards the vaginal vault, and then downwards along the surface of the vaginal walls. This point in pathology should prove of value from a diagnostic point. Observation for a short time would indicate the direction of the growth. It is also the nature of the disease in its early stages to extend superficially; during its primary stage and while the os is a favorite site for the origin of the growth, it seems to respect the cervical canal, and is more inclined to travel outward.

#### LOCATION.

The site of origin is an interesting point, as to whether it appears first upon the posterior lip more frequently, as stated by some authorities, is a question not yet settled.

#### THE ETIOLOGY OF CANCER.

Child-bearing may, and perhaps should not be considered as a cause of cancer, yet to the accidents and injuries sustained in labor, and the conditions arising therefrom, we must all admit, are favorable for the development of malignant action. However, upon this point, one of the best authorities I have consulted, says he has not seen the disease start in a tear, nor is there any evidence that a laceration of the cervix plays any part in the etiology of cancer.

Heredity has always been an element of supposed danger in the production of cancer, but this point may, with equal justness, be disputed.

Certain investigators have been lead to search for the specific cancer microbe, "and 'says Spencer Wells,' Scheurlen believes he has found one—his conclusions however, are not endorsed by others. Indeed, Senger has proven that Scheurlen's cancer bacillus is nothing more than a peculiar type of potato bug."

"We can only admit" says Wells, "that any disease is caused by a microbe, when the micro-organism has been isolated, cultivated



outside the human body, and then when the cultivated organism has been introduced, the identical disease has been produced."

The symptoms of cancer of the vaginal portion of the cervix are few, during the early stage. Hemorrhage, in some form, and to severe degree, appears to be one of the most reliable signs, aside from this the patient may appear in excellent health, so that when by accident the disease is first detected, extensive destruction of the portio vaginalis may have taken place.

The hemorrhage from the cauliflower excrescence and from that form of cancer due to degenerating polypoid growths, is usually attended by marked hemorrhage—so important a symptom is hemorrhage that we should at all times take means to ascertain its source. This is more important after the characteristic vaginal discharge.

White and yellow discharges—leucorrhœa—are so common in women, we can not regard them as indicative of special disease.

#### FETOR.

Fœtid discharge is usually regarded as a sign of late stage of cancer, and as dependent upon sloughing and broken-down tissue. It is not always present; the disease sometimes being far advanced without fœtor; when present it is generally due to decomposing blood clots.

Of course we have rectal and bladder symptoms varying in each individual case. Pain of a sharp, shooting character, is generally present from the incipency of the growth. Only recently, however, I have seen two cases in which pain was an insignificant symptom.

#### AS TO THE DIAGNOSIS.

From the physical signs we may generally diagnose malignant growths; should, however, there be any question as to the nature of diseased cervix, a portion of the cervix should be removed and submitted to the microscopist.

The prognosis in malignant disease, with or without treatment, is distressingly bad. The limit of duration of the disease is something under a period of two years. Of course, however, all cases are not destructive. This fact depends upon the character of stroma.

## TREATMENT.

This paper was discussed fully by Drs. James B. Stephens, Cain, Haggard, Blanks, and Dr. J. R. Buist who, in the course of his remarks, reported the following case :

Mrs. S. P., aged 30, married, two children, youngest 5 years old, of good constitution and in excellent health until last June or July. This patient had been a patient of Drs. Vertrees & Cain, for four or five months. In July last uterine hemorrhage began, continued frequent and copious until seen by Drs. V. & C. They found on examination a fungous, cauliflower growth filling the vagina, and attached to the anterior portion of the cervix. This was removed by the ecraseur, and then frequent and repeated applications of nitric and chromic acids, etc. Hemorrhages continued frequent and often profuse, pallor and anæmia marked, no pain, no implication of rectum or bladder. I saw her with these gentlemen on the 26th of January, at which time she was very pale, small rapid pulse, and was said to have failed a great deal in the few days preceding my visit.

Examination showed abdomen full and tender. Per vaginam, the area of growth seemed larger than a silver dollar, hard at the edges, which were everted, and friable over the surface. No hardness could be detected in pelvis; peri-uterine tenderness was considerable. The uterus seemed large, could not detect the os. By speculum the mass presented the characteristic appearance of a papillomatous malignant growth. The vagina did not seem encroached upon, except in one place slightly. By the sound it was evident that the posterior lip was not involved, the os itself was free as well as the cervical canal; the sound passed in nearly five inches.

It was agreed by all that it was malignant, and as the patient was losing ground, that extirpation offered the only chance. The patient and friends accepted this alternative, and the operation was performed on February 6, 1890, at 12 M., with the assistance of Drs. Cain, Vertrees and R. Douglas. An hour was consumed, no excessive hemorrhage and no untoward accident occurred. She suffered some shock but soon rallied. February 7th, condition good, comfortable and in good spirits; pulse, 106; temp.,

101½; removed gauze, drew off urine and repacked vagina. February 8th, passed a good night; pulse, 106; temp., 101; clamps removed at 9:30 A. M. February 9th, passed last eighteen hours, comfortably; pulse, 104; temp., 101; February 10th, slept well; pulse, 92; temp., 101; February 13th, pus flowed freely from wound; bowels moved freely; pulse, 90; temp., 101; February 14th, doing well; pulse, 92; temp., 101; February 15th, pulse, 100; temp., 99½; rested well, reasonable amount of discharge. February 16, pulse, 100; temp., 101; rested well, very little discharge; bowels acted. February 18, pulse, 92; temp., 99½; doing well. February 19, pulse, 94; temp., 99 2-5; no discharge.

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### CAMPHO-PHENIQUE AS A REMEDY.

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BY A. W. BARTEAU, M. D.,

*Surgeon B. & M. R. R., Surgeon U. S. Pension Examining Board,  
etc., etc., Oberlin, Kas.*

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I am not a believer in "cure-alls," nor am I in the habit of giving unstinted praise to every new remedy which seems for the time to perform therapeutical wonders in the diseases upon which it is tried. Recently, however, I have been placed in possession of a remedy whose career has thus far been so remarkable, and whose responses to my demands have been so ready and uniform, that I feel I would be remiss in not giving my experience with it for the benefit of brother practitioners, who may not yet have been fortunate enough to make its acquaintance. I allude to campho-phenique—a substance resulting from the chemical union of equal parts of camphor and phenol.

It came to me unheralded—a modest little sample vial, holding perhaps two drams, accompanied by literature which was of so moderate and scientific a tone that I was induced to give the stranger a trial.

My first experiment with it was upon an obstinate case of eczema, at which I had been laboring in vain with other remedies. The disease was routed with but a portion of the little vial. Since

then I have treated three similar cases of eczema with campho-phenique with identical results.

Encouraged and pleased with this success, I commenced using the remedy on other diseases and conditions for which it was recommended, or in which I thought it would be suitable, and without entering into details I will say:

I have used it as a topical application in erysipelas, and it acted like magic, allaying pain and inflammation at once and arresting the march of the disease as though by word of command.

I have used it on inflamed and painful gums due to diseased teeth, and in toothache due to carious teeth, and I found it marvelously effective and prompt, equalling cocaine in its analgesic effects, besides having curative properties of its own. In such cases I apply the pure campho-phenique to the gums, or to the hollow tooth.

I have used it upon parasites of the genitalia and other parasites, and in parasitic diseases, and it invariably destroyed the infesting agents at once *tuto, cito et jucunde*.

In contused, lacerated, and incised wounds, as a vulnerary local anesthetic and antiseptic it has no equal.

In short, I am afraid to say all that I could say in favor of this remarkable remedy, and if my brother practitioner who reads this doubts my judgment or good faith, I beg him to test the remedy for himself, and I know I shall be vindicated.

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SANDER & SONS' Eucalypti Extract (Eucalytol.)—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Griefswald.

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PROF. LOISETTE'S Memory System is creating greater interest than ever in all parts of the country, and persons wishing to impress their memory should send for his prospectus free as advertised in another column.

## ***Selections.***

**TREATMENT OF MEDICAL EMERGENCIES.**—The surgical emergency has been the subject of numerous addresses and papers, but the medical emergency has rarely, if ever, received systematic consideration. Yet the instances in which it demands treatment are scarcely less numerous than in the case of the former.

In the *University Medical Magazine* for January, 1890, Prof. Tyson contributes a valuable paper as to the treatment of the more frequent medical emergencies, of which the following abstract represents the most important points:

Under the head of the treatment of medical emergencies, Dr. Tyson refers to the treatment of—first, syncope, or fainting; second, the apoplectic seizure; third, the convulsion, whether caused by epilepsy, Bright's disease, peripheral irritation, or hysteria; fourth, lung hemorrhage; fifth, nasal hemorrhage; sixth, gastric and intestinal hemorrhage; and, seventh, asphyxia or suffocation.

1. In fainting, the heart does not cease to beat, unless it be fatal syncope, but its action becomes so feeble, and the quantity of blood sent out so small, that there is not enough sent to the brain to maintain consciousness.

The symptoms of fainting are, of course, familiar to every one. In the treatment of syncope, the first step is to place the patient in a recumbent position flat on the back, with the head low. The clothing should be loosened around the neck and body, the access of fresh air should be freely permitted, and to this end persons should be kept at a distance. Diffusible stimulants, as aromatic spirits of ammonia, and brandy or whisky, should be administered, or strong ammonia may be inhaled. Cold water may be dashed in the face, the respiration being thus excited and in turn the heart caused to beat. If recovery ensue, the heart's beat becomes more distinct, the pulse reappears at the wrist, and

consciousness slowly returns. It is only in cases where the heart is too badly damaged, as where there is fatty metamorphosis of its muscular fasciculi, or its valves are badly diseased, or where too much blood is drawn off, that resuscitation fails to take place.

2. The apoplectic seizure is a more dangerous condition. Accompanied, like fainting, by unconsciousness as an essential symptom, it is due to a very different cause. There is here too much blood in the brain, either within or without the blood vessels. In treating it the patient requires to be holstered up, the head high, and the blood kept out of the brain as much as possible. In the true apoplectic seizure, with even a moderately strong pulse, blood is to be taken from the arm freely, sixteen ounces or more. Simultaneously an aperient, which in the absence of consciousness must be one of which the dose is small, as  $\frac{1}{2}$  of a grain of elaterium in pill or powder, or a couple of drops of croton oil in a teaspoonful of sweet oil or glycerine. A large enema, to which an ounce of turpentine is added, is useful. Ice to the head—an ice cap—may be of use. Of less service is counter irritation to the nape of the neck or the temple by a blister.

3. There is no symptom more alarming than the convulsion. Beginning with a distortion of countenance, due to clonic muscular contraction of the face muscles, which rapidly invades the entire voluntary system, and is as promptly followed by unconsciousness, the victim mostly falls heavily to the floor, although he is sometimes warned by an aura which permits him to seek a place of safety. Serious injury and even death may be caused by the fall itself.

In treatment, the first steps are measures to prevent the biting of the tongue, which is, unfortunately, often too early a result to be averted, being caused by a primary and sudden closure of the jaw muscles. A piece of wood, a clothes-pin, or a cork secured so as to prevent its being swallowed, or a towel thrust into the mouth will answer the purpose. Then the patient's clothing is to be loosened, as in fainting, and he is to be restrained from such motion as may result in further injuring himself.

If the convulsions be due to epilepsy, nothing further can be

done; if due to reflex irritation, as occurs in teething in children, or an overloaded stomach, the gums should be lanced in the former instance, and vomiting secured in the latter. The difficulty is to introduce the emetic; but irritation of the fauces by the fingers or a feather will frequently have the desired effect. Should the fit continue, a movement of the bowels should be brought about by an enema. In all cases in children, immediately after the cessation of the fit, if the bowels have not been moved during it, an aperient should be given to remove irritating matter in the alimentary canal, since this may avert a recurrence. Among such irritating matter are to be included the various intestinal worms.

If the convulsions are due to Bright's disease, a more active treatment is necessary. If it be puerperal nephritis, in addition to the measures taken to protect the tongue, the first step is undoubtedly to bleed from the arm, and, if the convulsions continue, chloroform should be inhaled. The same effect is often as well obtained by chloral.

Chloral is best administered by enema, and 60 grains may be thus given to an adult. If the convulsion is due to Bright's disease not occurring in pregnancy, a  $\frac{1}{4}$  of a grain of pilocarpine may be injected subcutaneously, and repeated in a few minutes if not followed by sweating; or, if this be not at hand, a hot-air bath or a steam bath.

Hysterical convulsion requires a different treatment. It is always less sudden than the epileptiform convulsion, is apt to be preceded by some premonitory symptom, such as a sense of suffocation or extreme nervousness, but there is never any danger of the patient biting the tongue. Opisthotonos is usually the characteristic form of convulsion. As regards treatment, electricity in the shape of the direct galvanic current, occasionally interrupted, or of faradization, is, however, often felt, and will generally cause the convulsion to cease. Douching the patient with cold water will likewise be usually successful.

[Inhalations of nitrite of amyl will usually arrest convulsions, no matter what be their nature, though its use in puerperal con-

vulsions after delivery may prove dangerous by producing flooding.—Ed.]

4. Pulmonary hemorrhages are in the main confined to tubercular consumption, occur in two different stages of the disease, and have a very different significance. They may occur early, when the blood vessels in the neighborhood of a tubercular infiltration, weakened by a tubercular deposit in their walls, yield to a distention from collateral hyperæmia. In such a case the hemorrhage is rarely large, and, so far from being harmful, is often a relief to a congestion producing dyspnoea and oppression. The greatest danger is the irritation and even inflammation which may be brought about by the presence of small coagula in the bronchioles and their insufflation into still pervious air vesicles. This danger escaped, the hemorrhage is harmless.

The second form of hemorrhage is much more serious. It occurs late in the disease, and is due to ulceration through the coats of a blood vessel of considerable size, the vessel being either in the walls of a cavity or traversing it. Such a hemorrhage is dangerous, and not infrequently fatal. Prompt measures are, therefore, to be taken to relieve it. The thorax should be kept raised, and absolute quiet should be observed. This is further secured by a full dose of an opiate, if it be well borne by the patient. Of internal remedies, the time-honored one of common salt is of uncertain value; but, in the absence of anything else, may be swallowed, in the dose of a teaspoonful, repeated in a few minutes if the hemorrhage continues. Gallic acid, in 15-grain doses every ten or fifteen minutes, is a more rational measure, and should be substituted for the salt as soon as it can be obtained. Hypodermic injections of ergotin, in doses of 5 to 10 grains in water, may be given simultaneously, and should be repeated daily or twice daily where the tendency to hemorrhage continues. Their object is to bring about contraction in the blood vessels. Other astringents, such as acetate of lead, in 3 grain doses, may be used under the same circumstances, as it would not be safe to use this drug in any quantity sufficient to bring about an immediate effect. The application of cold over the bleeding site is especially recommended by German clinicians, but one



must be sure first of the situation, which is not always easily ascertained. Sometimes the patient is able to indicate it quite precisely, at others not. Sometimes auscultation may discover subcrepitation over the seat of hemorrhage. Cold should be applied in the shape of ice, in bladders or rubber bags, so that the clothing shall not become damp, or of cloths wrung out in cold water. A more extreme measure, to be resorted to when others fail, is to throw a ligature around the larger limbs, cutting off the return of blood by the veins, while the outflow through the arteries is still permitted. Such a course will withdraw blood from the lungs and lessen the tendency to hemorrhage.

5. Hemorrhage of the stomach and bowels occurs usually in cirrhosis of the liver or typhoid fever. When treatment is required, tannic acid, in doses of 15 grains every ten or fifteen minutes, may be used, though even alum may be used, in the proportion of a teaspoonful to a glass of water, and taken in four doses, at short intervals.

Hemorrhages from the lower bowel, occurring frequently in typhoid fever, are much more serious. They are to be treated by quiet, cold compresses, or ice-bags, to the abdomen, and the use of foods of the most bland and unirritating nature. Tannic acid may be given as in hemorrhage from the stomach, large doses being much more apt to enter the bowels.

6. Nasal hemorrhage may be readily treated by snuffing up cold water, or a solution of alum in water, or injecting hot water into the nasal passages, and the use of ice internally. Of course, plugging the nares must be practiced when all else fails.

7. The successful treatment of asphyxia depends upon the fact that the heart continues to beat long after respiration ceases, and upon this fact, too, depends the wonderful capacity for resuscitation which exists in those apparently drowned or otherwise apparently dead from suffocation. The first indication is, of course, to supply oxygen, the want of which is responsible for all the symptoms. If there is obstruction of the air-passages by a foreign body, it must be removed, or tracheotomy must be performed. If the action of the muscles of respiration is interfered with, the interfering cause must be removed. If the pa-

tient is in an atmosphere of scanty oxygen or of irrespirable gases, he must be removed to fresh open air. In slighter degrees of asphyxia, such as are seen in the new-born infant, slapping the face with the bare hand or with a wet towel, or dashing cold water upon it, will often have the effect of exciting the breathing act and aerating the blood. If these measures are insufficient, then artificial respiration must be practiced by some one of the usual methods, as that of Sylvester or Marshall Hall. In apparent drowning, faradization or galvanism of the phrenic nerve may be used, especially one pole being placed over the nerve as it crosses the scalenus muscle at the root of the neck and the other at the epigastrium.—*Therapeutic Gazette*.

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TREATMENT OF CHRONIC CYSTITIS AND FORMATION OF ARTIFICIAL URETHRA. Dr. Hunter McGuire (*Va. Medical Monthly*), after pointing out the vesical disorders in women, due to the reflex troubles, such as piles, fissures, diseases and displacement of the uterus, foreign bodies, etc., proceeded to the treatment of true chronic cystitis.

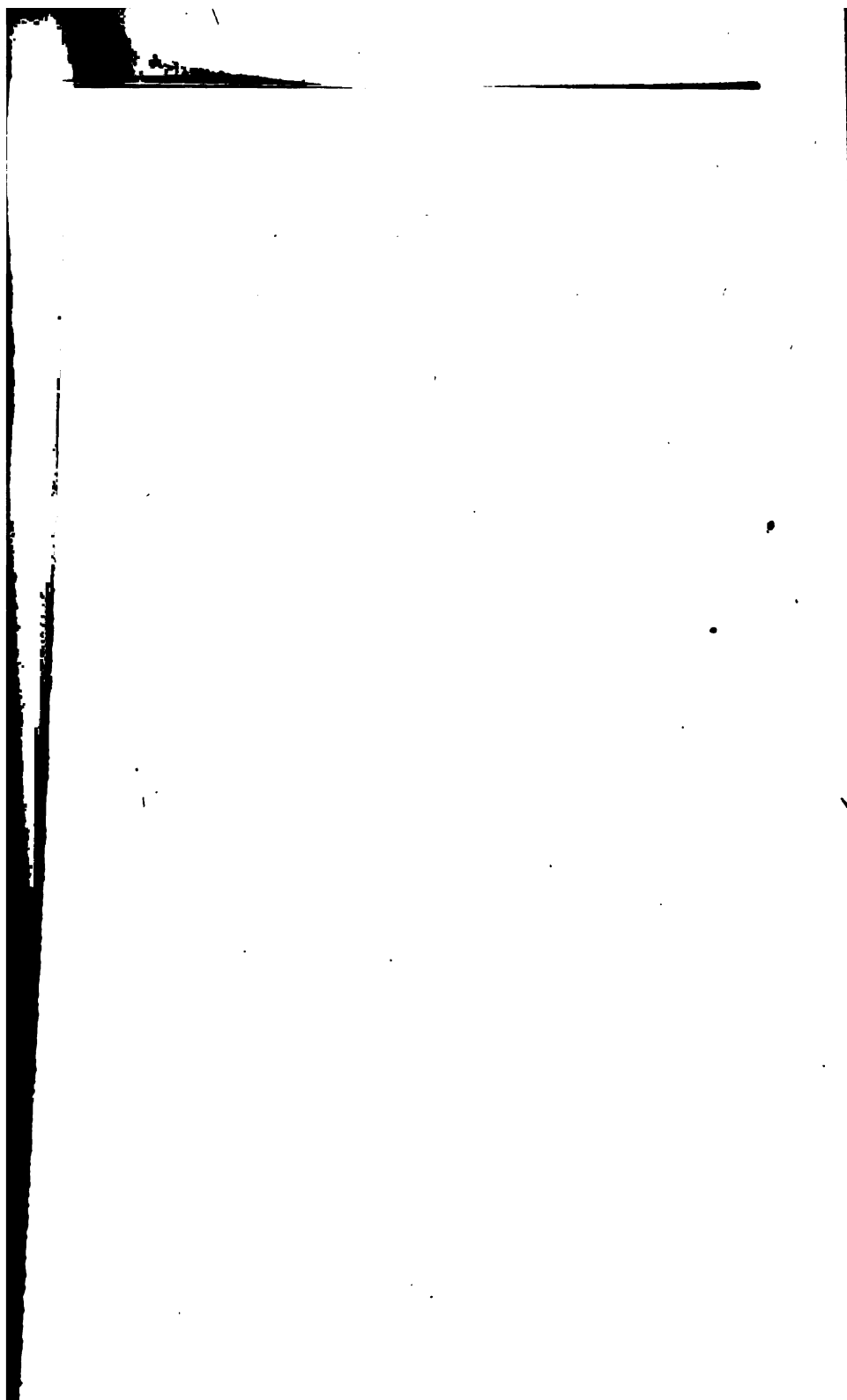
First, he dilated the urethra and neck of the bladder, paralyzed for the time the sphincter; after this he introduced the drainage tube, and gave the organ complete rest.

In closing the discussion of his paper, Dr. McGuire, at the request of the Society\*, gave, in detail, the technique of his operation for the formation of an artificial urethra in enlarged prostate in the male.

After washing the bladder out, shaving and cleansing the parts about the pubes, the rectal bag is introduced and filled with ten or twelve ounces of water. In an emergency, a pig's bladder might be substituted for this bag—one to hold twelve ounces would be the proper size. If he could get nothing else he would distend the rectum with sponges. This distension of the rectum is important; it pushes the bladder up out of the pelvis into the abdomen; it keeps the peritoneum out of the way; it pushes the bladder close to the anterior abdominal wall, and makes the

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\* Southern Surgical and Gynecological Society.





ration very simple and safe. The patient's bladder is then filled with warm water, containing a small quantity of carbolic acid. It is not necessary or desirable to distend the bladder; indeed if the distension is carried too far the bladder might burst.

After all is ready, he cuts for an inch and a half, just above the symphysis pubis, through the skin, fascia and fat. He takes great care to keep in the middle line, and makes his cut down to the symphysis; with the handle of the knife he separates the recti muscles, then cuts through the fascia transversalis; again, with the handle, he cuts through some fat and loose cellular tissue between the fascia and the bladder. Carefully keep in the middle line, and disturb this structure as little as possible. The bladder is then in view; open it with the point of the knife, and, as the water flows out, introduce your finger and examine it; no stitches are necessary anywhere. When the retal bag is removed the bladder falls down into the pelvis, and when the parts have healed, and the opening in the bladder is reduced to about the size of an ordinary urethra, this new tube will bear the relation to the bladder that the spout of a coffee-pot does to the pot.

Then the man will be able to retain and expel his water. He can hold his water until it accumulates in the bladder to a point above the level of the top of the new urethra—for the recti muscles keep the canal closed when not in use, and prevent leaking, no matter what the position of his body. When he makes water it comes out as from the natural urethra, and the last of it in jets.

There is no need for drainage tubes after the operation. Drainage is just as complete after this operation as it is after perineal section. It is difficult to believe this, but it will be believed soon after a trial, or after a careful study of the mechanism of micturition. It was after such a study that he devised the operation.

He had in his hospital, when he left, an interesting case of a woman who, in consequence of sloughing after child-birth, had lost the whole of her urethra, and part of the neck of her bladder. The plan usually practiced in such cases was to close the labia and turn the urine into the rectum. He intended to

make in this case an artificial urethra above the pubus, as he had done in the male, and close up the lower end of the bladder entirely. He was certain in this case that he would make the woman hold and expel the urine at will.—*American Lancet*.

**CONCENTRATED LACTIC ACID AS AN ESCHAROTIC.** Gradually the profession is looking with favor upon escharotics. There is a class of cases in which no other measure will be accepted by the patient. Another considerable class are actually best treated by these agents. The various caustic pastes, as applied by ignorant persons for years, not infrequently accomplish remarkable results. It is not our purpose to discuss these agents in general, but merely to call attention to the clinical evidence of a most careful observer and accurate reporter, of what he has known concentrated lactic acid to accomplish. Dr. William B. Eager, in *Gaillard's Medical Monthly*, tells us of his use of it in epithelioma, lupus exedens, encephaloid cancer, tinea versicolor and tylosis. He says that it differs from the actual cantery, caustic potash,—or combination of the latter with lime,—the chloride of zinc and the mineral acids, in that it does not excite inflammation in the adjacent healthy tissue. It does not act as rapidly as these agents, but it does act quite as efficiently. The undiluted acid he has applied upon a layer of absorbent cotton to the healthy epidermis without producing excoriation. Unless applied to the healthy denuded tissue, its action is almost painless; applied to the healthy surface void of epithelium, it causes a sharp smarting for about one minute, and then disappears.

A case of tinea versicolor was treated by applying the acid diluted with three parts of water on a pad of absorbent cotton, every third day. In two weeks the eruption had entirely disappeared.

In a case of tylosis the undiluted acid was applied and then covered with the benzoated oxide of zinc ointment: The application was made daily, and the disease disappeared after ten painless applications.

A case of lupus exedens resulted in a complete healing of the diseased surface.

Two cases of epithelioma were successfully treated by the same method.

Being a surgeon of large experience, Dr. Eager does not suggest to discard the scalpel and curette, nor the Galvano-cautery; but he thinks that this acid may have a mission in the early stages of these epithelial diseases, for which later on the more severe measures would be demanded, and in which the patients will not permit the use of the knife, etc.—*American Lancet*.

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**ELECTROLYSIS IN URETHRAL STRICTURE.** For the successful carrying out of this treatment much time and patience are necessary. The few failures I have seen have really been due to impatience. When, in a sitting, no progress is apparent after a few minutes, an increased current is turned on, and considerable force used to get the electrode through. Can one be surprised if, under these circumstances, a false passage is made, hemorrhage and urinary fever ensue, and the treatment is cast aside as worthless?

Experience has taught me to limit this method to strictures of the deep urethra, and in these, of whatever variety, it is almost always successful. When I say successful I mean that the same result is attained as when an internal urethrotomy has been performed, namely, the lumen of the stricture has probably been enlarged to 22 Fr., and for the maintenance of which the passage of a bougie at stated intervals is absolutely necessary. I have not the same proportion of cures to record which Mr. Bruce Clarke claims to have obtained, for in only one of my cases has an absolute cure resulted, by which I mean that no tendency to re-contraction remains, although all instrumentation has been given up for, say, six months. Mr. Clarke says that, "Of fifty cases, twenty-three were known to be well after periods varying from one and one-half to three years." What does he mean to imply by "well"? If he means that such a one is restored to comfortable micturition, and can maintain this state by passing his bougie at intervals, I can well believe him; but this, of course, is very different from what one usually understands as

being well. I have almost entirely limited electrolysis to the treatment of resilient and severe cases of stricture, using it as a substitute for urethrotomy. In this way I have during the past year treated, among others, two medical men, both of whom are loud in its praise and have unbounded confidence in it. In this respect I have been more fortunate than my colleague Mr. Reginald Harrison.

It is, I think, an important point in cases of multiple stricture, and one which I always endeavor to carry out, namely, to deal with those in the penile urethra, either by cutting or dilatation, before applying the electrode to the deep urethra. One is often surprised to find how much benefit has occurred to a deep seated stricture after free division of a meatal or other anterior one, thus clearly demonstrating its, at all events, partly spasmodic character, a point on which much stress is laid by Otis. To this element of spasm the good effect of electrolysis is no doubt greatly due.

In the *Medical Press* of April 11, 1888, I published a paper on this subject, and subsequent experience has only confirmed the good opinion I then expressed of it when limited to subpubic strictures.

Before closing these remarks I will add that this form of treatment is of much benefit in many cases of perineal pain and other urethral neuroses. I am at the present time treating a gentleman, the subject of stricture, for which he has twice undergone internal urethrotomy, in whom the passage of a bougie is always followed by much genital excitement, and which so annoys him that he has often been tempted to neglect treatment. Since undergoing electrolysis (he has had nine or ten sittings) he is no longer troubled in this way, and his stricture has been dilated from No. 12 to No 24, French gauge.—*F. Swinford Edwards, British Medical Journal.*

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SOLUTION OF CHLORAL HYDRATE, grains five to the ounce of water, will clear the hair of dandruff and prevent it falling out from this cause.—*American Lancet.*



**FORCIBLE FLEXION OF THE BODY IN LOCOMOTOR ATAXY.—**

At the thirteenth Congress of the Italian Medical Association, recently held at Padua, Dr. P. Bonuzzi communicated the results of a number of experiments which he had made on the dead body with the view of ascertaining the physical effects produced on the spinal cord by suspension. These experiments led him to the following conclusions:

1. During suspension the spinal cord undergoes a marked change in its relations to the vertebral column, being displaced upwards to the extent of from three to four millimeters; this result being due to slight increase of the distance between the vertebræ owing to relaxation of the muscles and stretching of the vertebral ligaments.

2. The roots of the spinal nerves, with the exception of the cauda equina, do not seem to be appreciably stretched, although they are slightly altered in position.

3. The tension of the cerebro-spinal fluid is increased.

5. During suspension the vertebral column is apparently lengthened to the extent of from one and one-half to three centimeters, this elongation, however, being due more to separation of the spinous processes than of the vertebræ. The body, as a whole, is lengthened to the extent of from two to three centimeters during suspension.

In a second series of experiments Dr. Bonuzzi proved (to his own satisfaction) that by bending the body forcibly, so as to bring the knees into contact with the abdomen, the spinal cord and the cauda equina are subjected to very considerable stretching. Having made an opening into the vertebral column and inserted a needle perpendicularly to the long axis of the cord, he noted that on bending the body forcibly the needle was carried downwards for a distance of from eight to twelve millimeters, the spinal cord itself becoming thinner and more resistant, and the cauda equina becoming extremely tense. Dr. Bonuzzi found that traction on the sciatic nerves stretched the cauda equina, but did not draw down the cord more than two millimeters. In forcible flexion the vertebral column undergoes an apparent lengthening of from six to fourteen centimeters. Dr. Bonuzzi also observed that as

the body was bent forward a considerable amount of venous blood escaped from the opening into the vertebral canal, this result being due, according to him, to the pressure on the spinal veins caused by the forcible flexion of the body.

The inference drawn from these experiments by Dr. Bonuzzi is that by forcible flexion all the therapeutical advantages of suspension can be obtained without its drawbacks. He has as yet only once had the opportunity of trying this method on the living subject, but in that case the results were very encouraging. The patient was a woman, who had had all the characteristic symptoms of locomotor ataxia in a very marked degree for nine years. Flexion was applied in the following manner: The woman lay on her back, and the legs were drawn up, by means of a towel twisted loosely round the ankles, till the knees touched the abdomen; she was kept in this position at first for half a minute, and then for gradually lengthening periods up to three minutes. The treatment was applied on alternate days, forcible flexion being carried out two or three times on each occasion. After two or three sittings the lightning pains became less severe, and after eight sittings they almost entirely ceased. The power of locomotion was so far regained that the woman was able to carry a bucketful of water from room to room, a thing she had not been able to do for three years. She could also stand with her eyes shut for half a minute without falling. The irregularity of the pupils and the absence of knee-jerk remained as before. In other respects improvement was progressive and lasting.—*London Medical Reporter.*

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THE LATEST ANODYNE COMPOUND.—“Can you minister to a mind diseased?” asked Bluegum, wearily. “Can you give me a nepenthe that will drive away from my brain and heart bitter memories of a desolate past and sad forebodings of a dreary future?” And Pilmixer, pharmacist, said he hoped to die if he couldn’t, and compounded him straightway a little dose of quinine, wormwood, rhubarb, castor oil, pain killer, ipecac, garlic, and cayenne pepper, mixed it up in a quassia cup with a little pine-top whisky, and told him to drink it down and see if he could remember anything, or think of anything, for a straight week.—*Burdette in Brooklyn Eagle.*

## *Reviews and Book Notices*

**HAND-BOOK OF MATERIA MEDICA, PHARMACY AND THERAPEUTICS**, including the Physiological Action of Drugs, the Special Therapeutics of Disease, Official and Extemporaneous Pharmacy, and minute directions for Prescription Writing. By SAMUEL O. L. POTTER, M. A., M. D., Professor of Theory and Practice of Medicine, in the Cooper Medical College, of San Francisco; author of "Quiz Compends" of Anatomy and Materia Medica; etc., etc. 8 vo., Cloth, pp. 776. Second Edition, Revised and Enlarged. Price, \$4.00. P. Blakiston, Son & Co., Publishers, 1012 Walnut St., Philadelphia, 1890.

Prof. Potter, encouraged by the very flattering reception accorded to a series of Quiz Compends has by a painstaking industry given us a very excellent and elaborate volume, that will prove a most worthy competitor to the best works extant on materia medica and therapeutics.

After a brief introductory and the usual preliminary classification, the various articles of the materia medica are considered in alphabetical order.

In Part II, we have a very excellent dissertation on Pharmacy and Prescription Writing, which will prove of great benefit to the medical student, and which is very much needed since the study and practice of pharmacy seem to have completely dropped out of the medical curriculum.

Part III treats elaborately of Special Therapeutics, and in the form of an alphabetically arranged index to the treatment of diseases, as laid down by the most recent authorities. Every indication for the use of a drug is referred to its author by his initial, and to the more prominent articles are appended a few selected formulæ, to serve as a guide to the beginner in prescribing.

The appendix contains numerous tables, comprising diagnostic hints, Latin terms and phrases, formulæ for hypodermic use, metric equivalents, specific gravities and volumes, and obstetric

memoranda ; as also notes on temperature in disease, the use of the clinical thermometer, the treatment of poisoning, and the examination of urine. A very important feature is the formulæ, so far as can be ascertained of the most noted patent medicines. A knowledge of material benefit to the practicing physician who is time and again called upon to prescribe for persons who are using them.

The general Index concluding this most excellent work is complete and thorough ; every title, synonym and other reference of any importance whatever, being included therein.

We are glad to see that he prefers the use of the word *official* to the time honored stumbling block to many students, *officinal*.

So far as a somewhat extended examination has enabled us, we congratulate the author in that he has given us all the new remedies down to as late a date as was safe to attempt an opinion about their value.

Take it all in all, we regard it as the very best work we have seen for the use of the student or practitioner—it contains just what is needed, and many things of no little importance that cannot be found elsewhere.

PRACTICAL ELECTRICITY IN MEDICINE AND SURGERY. By G. W. OVERALL, M. D., formerly Professor of Physiology, Nervous Diseases and Electro-Therapeutics in Memphis Hospital College of Medicine. 8 vo., Cloth, pp. 130. Price, \$1.00. Memphis Printing Co., Publishers. For sale by J. H. Vail & Co., 21 Astor House, New York, N. Y., 1890.

This excellent little work will be appreciated by many members of the medical profession. It is not a proclamation of new therapeutic measures or new doctrines, nor is it a compilation of previous works, but a short and concise summary of the practical use of electricity as confirmed by the numerous years of experience of the author, in which he practically demonstrates its value in certain diseases, by means of eighty-five cases clinically reported.

After a brief introductory consideration of electricity, we have four chapters on electric-physics, electro-physiology, electro-therapy and electro-surgery, concluding with some excellent practical suggestions on the care of Batteries and Battery Fluids.

As a concise, yet comprehensive and practical means of reference it will be more than welcome to many who have not time or opportunity to consult the more elaborate works on the subject.

**SYLLABUS OF THE OBSTETRICAL LECTURES IN THE MEDICAL DEPARTMENT, UNIVERSITY OF PENNSYLVANIA, BY RICHARD C. MORRIS, A. M., M. D., Demonstrator of Obstetrics, University of Pennsylvania.** 8 vo. cloth, pp. 154. Price \$2.00. W. B. Saunders, Publisher, 613 Walnut Street, Philadelphia. 1890.

The design of this little work, is to give the student a logical and consecutive outline of his study, and to aid him in classifying his knowledge acquired in the lecture room. The lectures of Prof. Hurst, from which they are taken, are very thorough, and this condensation will prove of value to all who will give it a trial.

**TEXT-BOOK OF MEDICAL CHEMISTRY FOR MEDICAL AND PHARMACEUTICAL STUDENTS AND PRACTITIONERS, BY ELIAS H. BARTLEY, B. S., M. D., Professor of Chemistry and Toxicology, and Lecturer on Diseases of Children in Long Island College Hospital, etc.** Second edition, revised and enlarged, with sixty-two illustrations, 8 vo., pp. 433, price \$2.50. P. Blakiston, Son & Co., Publishers, 1012 Walnut street, Philadelphia. 1890.

The exhaustion of the first edition of the Medical Chemistry having rendered a new edition necessary, it has been carefully revised; much of it has been recast, and many new articles added. The author has aimed in this to correct the errors of the first edition and bring it abreast of the progress of the science by the incorporation of all recent contributions to the subjects of which it treats.

The classification has been somewhat changed, to accord with the periodic law, without entirely changing the order of the former edition. The term hydroxide has been substituted for hydrate in the nomenclature, to accord with the growing usage among chemists. Several pages of new matter, which clearness seemed to demand, have been introduced in Part II. The subject of ptomaines has been given a little more prominence. The chapter on poisons has been somewhat enlarged and a short chapter on urinary tests added.

**A MANUAL OF ORGANIC MATERIA:** Being a Guide to Materia Medica of the Vegetable and Animal Kingdom, for the use of Students, Druggists, Pharmacists and Physicians, by JOHN M. MAISCH, Ph. M., Phar. D., Professor of Materia Medica and Botany in the Philadelphia College of Pharmacy. Fourth Edition, with 259 Illustrations, 8 vo., Cloth, pp. 540. Price \$3.00. Lea Bros. & Co., Publishers, Philadelphia, 1890.

Eight years ago we called the attention of our readers to the first edition of this excellent manual, in which the author explained the scope of the work as embracing the drugs of animal and vegetable origin recognized by the United States and British Pharmacopœias, supplemented by important non-official drugs, and by others recently introduced or revived, which seemed to require attention.

The system of classification then adopted, has been retained in the later editions with but slight modifications; and its concise statement of facts are readily comprehended and easily applied by those for whose use it is intended. This latest edition fully conforms to the present knowledge of the drugs in use, embracing the results of all important new investigations, and we are confident that it will prove as acceptable and useful as the preceding issues, which have been fully recognized as standard.

**THE YEAR BOOK OF TREATMENT FOR 1890:** A Critical View for Practitioners of Medicine and Surgery, 8 vo., pp. 324. Lea Bros. & Co., Publishers, 1890.

Preceding editions of this work have been given the complimentary notice they deserved in this journal. This edition differs from the preceding one, only in containing the later developments and adopted methods of treatment of the past year. As a ready means of referring to the latest ideas in medicine and surgery, we know of no work comprising so much in so small space. The same list of contributors, Dr. J. Mitchell Bruce, Alfred Cooper, Sir Dyce Duckworth, D. Berry Hart, Malcolm Morris, Fred'k Treves and others grace the title page.

The medical literature of all countries has been placed under contribution, and the work deals with all the more important

Selected Recipes for Physicians Prescribing.

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**Nux Vomica is added as an ingredient to Pill Chalybeate to increase the tonic effect when desired.**

**COMPOSITION OF EACH PILL.**

(Chalybeate Mass.) Carb. Protoxide of Iron, gr. 2½.  
Ext. Nuc. Vom., gr. ¼.

**DOSE—1 to 3 Pills.**

Employed in the treatment of Anæmia, Chlorosis, Phthisis, Scrofula, Loss of Appetite, etc.

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Each Pill contains

Sulphite Soda, 1 gr.

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# IRON AS A TONIC.

## **Pil. Chalybeate and Chalybeate Comp.**

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Iron, (says *Le Progress Medicale*) is one of the most important principles of the organism, and the only metal the presence of which is indispensable to the maintenance of life. It exists in all parts of the system, but nowhere does it acquire such importance as in the blood. The blood of a person in good condition contains about 45 grs. of iron, when this amount is diminished a decline takes place—the appetite fails, the strength is enfeebled, and the blood loses its fine natural color and quality. In a great number of diseases, such as Anæmia, Chlorosis, Hemorrhages, Debility, etc., it sometimes happens that the blood has lost half its iron, and to cure these diseases, it is absolutely necessary to restore to the blood the iron which it lacks. The problem has been to find a preparation of iron in the proper form for penetrating the organism without unduly taking the digestive tract or interfering with the essential qualities of the gastric juice. A preparation containing iron in such a state is scientifically prepared by Wm. R. Warner & Co. under the name of Pil. Chalybeate. It is prepared in such a way that Carbonate of Potash and Sulphate of Iron are compounded so that they do not combine until they are taken into the stomach: there the reaction takes place, and the Proto-Carbonate of Iron (Ferrous Carbonate) is formed without any excess of air, thus forming a salt which is quickly assimilated and the therapy of the preparation is soon shown by its effects. It will be seen in taking these Pills that neither constipation nor other ill effects will result from their use. It has been proven in clinical practice that in cases of Chloro-anemia the Pil. Chalybeate as prepared by Wm. R. Warner & Co. will regenerate the red globules of the blood with a rapidity not before observed under the use of any other ferruginous preparation, it adding to their physiological power and making them richer in coloring matter. Moreover, being neither styptic nor caustic (as just enough carbonate of potash and sulphate of iron are used to neutralize each other and form nothing but Carbonate of Iron and a small quantity of Sulphate of Potash) and having no coagulating nor astringent action on the gastro-intestinal mucous membrane, the Pil. Chalybeate of Wm. R. Warner & Co. can cause no deleterious effects to the patient, at the same time the therapeutic effects are rapid and energetic and do not give rise to the sensation of weight in the stomach or the gastric pain and indigestion occasioned by other preparations of iron. When a more tonic effect is desired the same combination as Pil. Chalybeate can be obtained with 1-8 of a grain Ext. Nuc. Vomica added under the name of Pil. Chalybeate Comp. (Warner & Co.) thereby increasing the tonic effect and giving renewed strength to the patient.

—*Medical Brief.*



matters relating to the treatment, in addition to such recent pathological and clinical work bearing directly thereon, that have been published during the year ending September, 1889.

**WOOD'S MEDICAL AND SURGICAL MONOGRAPHS:** Consisting of Original Treatises and Reproductions in English of Books and Monographs, Selected from the Latest Literature of Foreign Countries, with all Illustrations, etc.; 8 vo., Leatherette, pp. 300; Published Monthly. Price \$10 per Annum; Single Copies, \$1. Vol. V, No. 2. February, 1890. William Wood & Co., Publishers, 56 and 58 La Fayette Place, New York, N. Y.

The February, 1890, number of this valuable series contains *The Formation and Excretion of Uric Acid*, as elucidating its action in the causation of disease, by A. Hoag, M. A., M. D.; *The Initial Stages of Consumption: The Nature and Treatment, including Dietetic Suggestions*, by Horace D. Bell, M. D.; and *Ectopic Pregnancy and Pelvic Hæmatocele*, by Lawson Tait, F. R. C. S.

Either one of the monographs is well worth the price asked for this valuable number.

**SPINAL CONCUSSION:** Surgically considered as a cause of spinal injury, and neurologically restricted to a certain symptom group, for which is suggested the designation *Erichsen's disease*, as one form of the traumatic neuröses, by S. Y. CLEVINGER, M. D., Consulting Physician in the Reese and Alexian Hospitals, late Pathologist County Insane Asylum, Chicago, etc., etc. 8 vo. cloth, pp. 359, price \$2.50. F. A. Davis, Publisher, 1231 Filbert Street, Philadelphia, Pa. 1890.

For more than twenty years this subject has occasioned bitter contention in law courts, between physicians as well as attorneys, and in that time no work has appeared that reviewed the entire field judicially until Dr. Clevenger's book was written. It is the outcome of five years' special study and experience in legal circles, clinics, hospital and private practice, in addition to twenty years' labor as a scientific student, writer and teacher.

The literature of spinal concussion has been increasing of late to an unwieldy shape for the general student, and Dr. Clevenger

has in this work arranged and reviewed all that has been done by observers since the days of Erichsen and those who preceded him.

The different and sometimes antagonistic views of many authors are fully given from the writings of Erichsen, Page, Oppenheim, Erb, Westphal, Abercrombie, Sir Astley Cooper, Boyer, Charcot, Leyden, Rigler, Spitzka, Putnam, Knapp, Dana, and many other European and American students of the subject. The small, but important, work of Oppenheim, of the Berlin University, is fully translated, and constitutes a chapter of Dr. Clevenger's book, and reference is made wherever discussions occurred in American medico-legal societies. There are abundant illustrations, particularly for electro-diagnosis, and to enable a clear comprehension of the anatomical and pathological relations.

Other special features consist in a description of modern methods of diagnosis by electricity, a discussion of the controversy concerning hysteria, and the author's original pathological view that the lesion is one involving the spinal sympathetic nervous system. In this latter respect entirely new ground is taken, and the diversity of opinion concerning the functional and organic nature of the disease is afforded a basis for reconciliation.

Every physician and lawyer should own this work.

A TREATISE ON FRACTURES, BY PROF. ARMAND DESPRES, Surgeon to Charity Hospital, Member of the Society of Surgery, of the Anatomical Society, etc. Translated by E. P. Hurd, M. D. 12 mo. paper. Leisure Library Series, pp. 112. Geo. S. Davis, Publisher, Detroit, Mich. 1890. Price, paper, 25 cents; calf, 50 cents.

This little brochure is not designed to be a complete treatise on fractures, but as an embodiment of the author's ripe experience in the treatment of the more common fractures, and is an excellent guide to the ordinary practitioner. A multiplicity of methods is not given—only those which have given this able clinician the best results,

**MASSAGE AND THE SWEDISH MOVEMENTS. THEIR APPLICATION TO VARIOUS DISEASES OF THE BODY,** BY KURRE W. OSTROM, from the Royal University of Upsala, Sweden; Instructor in Massage and Swedish Movements in the Hospital of the University of Pennsylvania, and the Philadelphia Polyclinic, etc., etc. Illustrated, cloth, 12 mo., pp. 97, price 75 cents. P. Blakiston, Son & Co., 1012 Walnut Street, Philadelphia, Publishers; 1890.

This little work, shows especially, and in an instructive manner, just how Massage and the Swedish Movements are to be applied to all parts of the body, and for what diseases such movements may be relied on as beneficial.

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J. M. RITTER, M. D., Richmond, Ia., says: My experience with S. H. Kennedy's Extract of *Pinus Canadensis* has been highly satisfactory, especially in the treatment of gonorrhœa and gleet. In these lesions I regard S. H. Kennedy's Extract of *Pinus Canadensis* as the remedy par excellence. In one obstinate case of gleet, particularly, I obtained the very best results from the remedy as an injection; the case was one of six months standing, the patient had consulted other physicians, but with negative results. I prescribed the *Pinus Canadensis* (White) as an injection, properly diluted. The malady yielded entirely, to the great delight of the patient.

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THERE is no remedy better known than Tarrant's Seltzer Aperient which can be profitably used in all conditions where alkaline medicines are indicated. In addition to its aperient and antacid qualities, it is an admirable vehicle for the administration of the salicylates, Lithia Salts and Tincture of Iron. Its pleasant taste and gentle action renders it a very desirable remedy in the treatment of women and children.

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**THE COSMOPOLITAN.**—See the advertisement of this bright, sparkling and excellent literary magazine. For \$2.50 you can get it and this Journal for one year.

## *Editorial.*

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### FIFTEENTH ANNUAL COMMENCEMENT—MEDICAL AND DENTAL DEPARTMENTS OF THE UNIVERSITY OF TENNESSEE.

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A fine audience gathered in the Masonic Theatre Tuesday night, Feb. 25th ult., to witness the Fifteenth Annual Commencement Exercises of the Medical and Dental Departments of the University of Tennessee. A splendid array of newly graduated talent was to be formally delivered over by the two colleges to the public and sent on their humane mission into many States. The auditorium was filled and the audience manifested the closest interest in the ceremony, testifying by their presence to the high repute of the great institution in the community, and because they desired to emphasize the importance of the occasion for the young disciples and wish them a hearty God speed in their chosen careers.

The stage was decorated with the customary taste and elaboration shown each year at these exercises. The palms and potted plants had transformed the stage into a beautiful bower of green. A small table in front of the row of professors contained the gold honor medals, and in a huge basket on the other side of the speaker's stand, decked with gay-colored ribbons, held the diplomas, ready for distribution. The stage otherwise was set in a landscape scene and was altogether very attractive. It was occupied by the following gentlemen: Charles W. Dabney, Jr., Ph. D., President of the University, who came over from Knoxville, the seat of the State University, for the event; Hon. Wm. P. Jones, President of the Faculty at Nashville; Dr. Duncan Eve, Professor of the Practice of Surgery, etc.; Dr. John S. Cain, Professor of the Principles and Practice of Medicine, etc.; Dr. J. Berrien Lindsley, Professor of Chemistry and State Medicine; Dr. J. Bunyan Stephens, Professor of Obstetrics, etc.; Dr. W. D. Haggard, Professor of Gynæcology, etc.; Dr. W. M. Vertrees, Professor of Materia Medica and Therapeutics; Dr. Paul F. Eve, Professor of the Principles of Surgery, etc.; Dr. John H. Blanks,

Professor of the Theory and Practice of Medicine, etc.; Dr. John A. Witherspoon, Professor of Physiology; Dr. John G. Sinclair, Professor of Clinical Diseases of the Eye, Ear and Throat; Hon. Wm. G. Brien, Professor of Medical Jurisprudence; Dr. Robert B. Lees, Professor of Operative Surgery; Wm. F. Fowler, Professor of Mechanical Dentistry; Dr. Charles Mitchell, Professor of Microscopy; H. W. Spring, of Texas, medical valedictory; G. Letcher Brown, of Kentucky, dental valedictory, and Dr. W. H. Halbert, of Lebanon, of the State Board of Medical Examiners.

After the opening prayer the valedictory to the dental class was delivered by Dr. G. Letcher Brown, of Kentucky, in tasteful terms and eloquent manner, in which he gave ample satisfaction to the class he represented.

Dr. H. Wellington Spring, of Texas, was then introduced to the audience by Prof. Jones, as the representative of the largest class of medical graduates that had ever honored the institution. In full rounded tones, with graceful gesticulation, he elaborately discoursed on the subject of hope, his eloquent sentences being highly appreciated, as was well manifested by the close attention given him by the entire audience.

The degrees of M. D. and D. D. S. were then conferred by Prof. Chas. W. Dabney, Jr., Ph. D., President of the University, who took occasion to congratulate the members of the classes on the present remarkably successful condition of the University—stating that not only its medical and dental departments here, but the collegiate and academic departments at Knoxville were more largely attended than in any previous year of its history—the departments at Knoxville having a larger number in attendance at this time than any university in the State. He also took occasion to mention the establishment of the law department at Knoxville, now in its first year, and to tender congratulations on its part. In his remarks he paid a very appropriate tribute to Hon. T. J. Freeman, late of the Tennessee Supreme Bench, who was at the head of the law department, his eulogistic remarks receiving considerable applause on the part of the audience.

The following members of the two classes, as their names were called by Profs. Duncan Eve, M. D., Dean of the Medical, and Robt. B. Lees, D. D. S., of the Dental Departments, went upon the stage and received their diplomas from Prof. Dabney:

## MEDICAL DEPARTMENT—DEGREE OF M. D.

Anderson, William J.....	Mississippi.	King, Will F.....	Tennessee.
Arnold, William D.....	Mississippi.	Laster, B. T.....	Tennessee.
Avant, William W.....	Alabama.	Latham, Percy.....	Tennessee.
Balthrop, John C.....	Tennessee.	Lee, James Thomas.....	Texas.
Barry, Robert Orville.....	Tennessee.	Loyd, William Gordon.....	Tennessee.
Bentley, Henry F.....	Tennessee.	McBride, William W.....	Tennessee.
Bowman, William R.....	Tennessee.	McNutt, William Horsley.....	Tennessee.
Brewster, Hiram W.....	Mississippi.	Matthews, William John.....	Texas.
Brooks, Hiram G.....	Tennessee.	Mathis, John Milton.....	Mississippi.
Brown, Thomas J.....	Tennessee.	Matthews, Joseph M.....	North Carolina.
Brown, Willis H.....	Ohio.	Moore, Newton J.....	Arkansas.
Bryan, David Hampton.....	Tennessee.	Moore, William M.....	Arkansas.
Bryant, John D.....	Tennessee.	Moore, Samuel H.....	Tennessee.
Caldwell, John F.....	Illinois.	Morgan, Elbert P.....	Tennessee.
Caldwell, Winfield M.....	Tennessee.	Mowdy, William T.....	Texas.
Cannon, William H.....	Alabama.	Motley, Eugene.....	Kentucky.
Carden, J. M.....	Tennessee.	Newman, Thomas Reuben.....	Alabama.
Carr, Alonzo Willet.....	Tennessee.	Nolan, Bluford Foster.....	Tennessee.
Carruth, Leander Orr.....	Mississippi.	Owen, Daniel W.....	Tennessee.
Chapman, John William.....	Texas.	Owen, Lorenzo D.....	Tennessee.
Colvin, Minyard T.....	Tennessee.	Owens, Richard Jefferson.....	Missouri.
Copeland, James.....	Mississippi.	Paris, John C.....	Virginia.
Dabbs, David Nathaniel.....	Missouri.	Pearson, Dudley H.....	Tennessee.
Davidson, Andrew M.....	Texas.	Penn, Thomas Jefferson.....	Texas.
Deakins, Byron Anderson.....	Tennessee.	Potter, Leonard W.....	Tennessee.
Dedman, James Edwin.....	Alabama.	Price, William H.....	Georgia.
Dunn, Mowdy S.....	Missouri.	Reeves, John H.....	Tennessee.
Edens, William M.....	Tennessee.	Robinson, Frank P.....	Tennessee.
Edwards, John T.....	Georgia.	Shemwell, Joseph W.....	Tennessee.
Forgey, Charles Alfred.....	Tennessee.	Shirley, James B.....	Tennessee.
Foster, Achilles E.....	Tennessee.	Smith, Henry W.....	Tennessee.
Gaines, Sanford Edwin.....	Tennessee.	Smith, John Jefferice.....	Texas.
Gray, Alexander W.....	Texas.	Spring, Nicholas Wellington.....	Texas.
Gregory, Charles Lawson.....	Texas.	Stafford, Harry Eugene.....	Mississippi.
Hale, James W.....	Tennessee.	Stone, W. H.....	Kentucky.
Harvill, Moody Monroe.....	Tennessee.	Thomasson, D. McMahon.....	Tennessee.
Hayes, John Boyd.....	Tennessee.	Thompson, R. Alexander.....	Mississippi.
Hendrix, H. Blake.....	Tennessee.	Tidwell, Robert Sterling.....	Tennessee.
Hendley, Robert F.....	Missouri.	Trovillion, Jerry Allen.....	Illinois.
Henry, John P.....	Tennessee.	Wade, Geo. B.....	Texas.
Hickman, Charles Marvin.....	Alabama.	Waldron, John S.....	Tennessee.
Hill, William Walter.....	Tennessee.	Walker, Elajah B.....	Tennessee.
Hixson, Samuel W.....	Tennessee.	Walker, Madison Franklin.....	Tennessee.
Hodges, Duff Merideth.....	Kentucky.	Watkins, William S.....	Georgia.
Hollowell, Irvin S.....	Kentucky.	Wells, Pressly N.....	Mississippi.

Holt, William T.....North Carolina.	Wiggins, Wesley Davis.....Alabama.
Howe, Robbie Daniel.....Alabama.	Willard, James William....Tennessee.
Hughes, Thomas Severe.....Tennessee.	Wood, Lee.....Mississippi.
Jones, Robert William.....Tennessee.	
Kelly, Benjamin.....Kentucky.	R. J. Carr, (honorary).....Tennessee.

DENTAL DEPARTMENT—DEGREES OF D. D. S.

Brown, G. Letcher.....Kentucky.	Kallock, W. D.....Tennessee.
Burke, Benj. F.....Kentucky.	Morrison, W. J.....Tennessee.
Caldwell, Andrew.....Tennessee.	Myers, A. W.....Kentucky.
Dillon, Flora.....Indiana.	Ratliff, James W.....Mississippi.
Hickman, Ernest P.....Alabama.	

Dr. John A. Witherspoon, Professor of Physiology, was then introduced by Prof. Jones, as one of the latest and most valuable accessions to the university, he having been selected by the class to deliver the charge to the class on the part of the faculty, in accordance with a custom established some years ago, by which the faculty select a valedictorian from the class, and the class selects the member of the faculty to represent them on commencement occasions Prof. Witherspoon's address will be found in the original part of this number. It was tastefully, gracefully and eloquently delivered, and was received with frequent spontaneous expressions of applause.

The following graduates receiving honors, were then called to the stage, and the prizes were awarded by Hon. W. G. Brien, M. D., L. L. D., Professor of Medical Jurisprudence:

MEDICAL.

Paul F. Eve Faculty Medal, James E. Dedman, M. D., Alabama, Faculty Second Honor, D. McMahon Thomasson, M. D., Tennessee.

Faculty Third Honor, Robert O. Barry, M. D., Tennessee.

DENTAL.

Robert Russell Faculty Medal, James W. Ratliff, D. D. S., Mississippi.

Faculty Second Honor (Morrison Bros.), A. W. Myers, D. D. S., Kentucky.

Faculty Third Honor, Flora Dillon, D. D. S., Indiana.

Quite a number of baskets and beautiful floral designs were given various members of the classes by their respective friends. The musical selections interspersed throughout the exercises of the evening were well rendered by the orchestra, and served to materially enhance the enjoyment of a most agreeable evening.

The benediction having been pronounced, the large audience retired, having been well pleased and agreeably entertained.

The next course of instruction will begin Monday, Sept. 1, 1890.

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### AMERICAN MEDICAL ASSOCIATION.

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The time for the annual meeting (May 20th), will soon be here, and it earnestly hoped by the members of the medical profession at Nashville that it will be largely attended. The central location, its railroad and other transportation facilities, and the well known hospitality of its citizens, are all assurances to that end. The committee of arrangements have been actively at work, and will continue until the close of the meeting with increased and determined efforts to leave nothing undone to secure the most successful results.

For the benefit of some of our readers who are not familiar with the workings of the Association we make the following statements.

Its members consist of, first: Delegates from State, and County and local Associations in affiliation therewith, and from the U. S. A., U. S. N., and U. S. M. H. S. One delegate to each ten members or fractional part thereof being the rule. Delegates alone have the right to vote during the meeting.

Second: Permanent members—those who have been delegates at a preceding meeting and have continuously maintained their membership. Permanent members have all the rights and courtesies extended them as delegates, except the right to vote.

Third: Members by application, who can join the Association at any time of the year by presenting to the Treasurer a certificate of membership in any State or local organization in affiliation therewith, recognized by the Association. Said certificate to be signed by *both* Secretary and President of the State or local society.

Fourth: Members by invitation, who become members for the year only—not being entered on the list of permanent members, and who become members by having their names presented to the Chairman of the Committee of Arrangements and acted on by the Association.

The rights and privileges of the last two classes being the same as permanent members.

All members paying an annual assessment of Five Dollars, and in addition to other privileges of the Association will receive for one year



# NERVOUS EXHAUSTION.

## Horsford's Acid Phosphate.

Recommended as a restorative in all cases where the nervous system has been reduced below the normal standard, by overwork, as found in brain workers, professional men, teachers, students, etc., in debility from seminal losses, dyspepsia of nervous origin, insomnia where the nervous system suffers.

It is readily assimilated, and promotes digestion.

DR. B. H. BOYD, Lafayette, Ind., says: "I have used it in several cases of nervous exhaustion, with uniformly good results."

Send for descriptive circular. Physicians who wish to test it will be furnished a bottle on application, without expense, except express charges.

Prepared under the direction of Prof. E. N. HORSFORD, by the

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**Beware of Substitutes and Imitations.**

CAUTION.—Be sure the word "Horsford's" is *printed* on the label. All others are spurious. Never sold in bulk.

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## APPARATUSES FOR DEFORMITIES.

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*The Journal of the American Medical Association*, published weekly and containing the proceedings, papers, etc., of the meeting.

The general sessions of the meeting will be held in the forenoon of each day in the Vendome Theatre, a large commodious building in the heart of the city, accessible to all parts by means of the United Electric R. R. Service, and contiguous to all the hotels.

The sessions of the Sections—ten in number, will be held in various buildings convenient and of easy access.

The exhibit of Drugs, Medicines, Surgical Instruments and Appliances, Pharmaceutical preparations, etc., will be held in the Broad St. Amusement Hall, a large commodious and well lighted building, centrally located and accessible and convenient.

The sub committee in charge, Dr. J. Berrien Lindsley, Chairman, has every assurance of unquestioned success. The following applications for space in the order received were on hand February 22nd, inst., and many more will certainly be received.

F. A. Davis, Philadelphia, Pa.; Provident Chemical Works, St. Louis, Mo.; D. Appleton & Co., New York, N. Y.; Horlick's Food Co., Racine, Wis.; Lambert Pharmacal Co., St. Louis, Mo.; Mellin's Food Co., Boston, Mass.; Fairchild Bros. & Foster, New York, N. Y.; J. P. Bush M'fg Co., New York, N. Y.; John C. Baker & Co., Philadelphia, Pa.; Lea Bros. & Co., Philadelphia, Pa.; W. H. Schieffelin & Co., New York, N. Y.; Chas. S. Baker & Co., Chicago, Ill.; Eli Lilly & Co.; Indianapolis, Ind.; McKesson & Robbins, New York, N. Y.; Wm. R. Warner & Co., Philadelphia, Pa.; Mellier Drug Co., St. Louis, Mo.; R. W. Gardner, New York, N. Y.; The Mirror Publishing Co., St. Louis, Mo.; E. Merck, New York, N. Y.; John Wyeth & Bro., Philadelphia, Pa.; The Upjohn Pill and Granule Co., Kalamazoo, Mich.; Alban Dental and Surgical Co., Memphis, Tenn.; Eisner & Mendelson Co., New York, N. Y.; Nestle's Food, New York, N. Y.; Maltine Manufacturing Co., New York, N. Y.

This portion of the annual meeting we regard as of no little importance. The opportunity of bringing the representative members of the profession in contact with manufacturers of many needed appliances, will result in benefit to all. In fact it is the *Object Lesson School*, of the annual meeting—and we can unhesitatingly say, that we have never failed to derive material ideas of unquestionable benefit from attendance thereon.

In regard to *papers for the annual meeting*, we make the following extract from *The Journal of the Association*, of March 1st.

"From the known efficiency of the several officers of the Sections, it is safe to presume that a full supply of papers will be secured for the next annual meeting.

If every Section shall be as well represented as it was at Newport there certainly will be no lack. We commend to our present committees the work done by their immediate predecessors and simply ask them to do likewise.

The several Secretaries are already in correspondence and as soon as their programmes are ready for publication they will appear in the *Journal*.

Writers will please bear in mind that the earlier their names appear on the programmes of their several Sections the earlier they will be placed in the order of publication.

In order that those who desire may communicate with the officers we herewith present the names and addresses of the Secretaries of the several Sections.

As the programme should be completed and ready for publication on April 1 no time should be lost on the part of those who purpose to prepare papers to be presented at Nashville.

The name of the Secretaries of Sections are as follows:

*Practice of Medicine*.—Dr. H. McColl, Lapeer, Mich.

*Surgery and Anatomy*.—Dr. Jno. Blair Deaver, 120 South 18th street, Philadelphia, Pa.

*Obstetrics and Diseases of Women*.—Dr. Joseph Hoffman, 126 W. Diamond street, Philadelphia, Pa.

*State Medicine*.—Dr. F. S. Bascom, Salt Lake City, Utah.

*Ophthalmology*.—Dr. E. J. Gardiner, 70 Monroe street, Chicago, Ill.

*Laryngology and Otology*.—Dr. Frank H. Potter, Buffalo, N. Y.

*Diseases of Children*.—Dr. E. F. Brush, Mount Vernon, N. Y.

*Medical Jurisprudence*.—Dr. T. D. Crothers, Hartford, Conn.

*Dermatology and Syphilography*.—Dr. Wm. T. Corlett, Cleveland, Ohio.

*Oral and Dental Surgery*.—Dr. E. S. Talbot, 125 State street, Chicago, Ill."

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#### VITAL STATISTICS.

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We are more than gratified at an editorial from our good friend Sim, in his excellent journal *The Memphis Medical Monthly*, bearing upon the above subject. It was not exactly as forcible in its state-

ments as the occasion requires, but it is a start in the right direction, and will serve its purpose in directing attention to some extent, to a most important subject. Possibly, after our good natured and able confrere has associated more in his official capacity with other members of the State Board of Health, he will develop, either by contagion from its President, who has so long and eminently labored in this particular field, or otherwise, a still greater degree of interest in this question, and more frequently bring to bear the batteries of his logical and convincing intellect thereon.

While we have a legislature in session at this time, yet it being in called session and this subject not having been embraced in the call, it cannot consider it, yet the time is quite oportune for the consideration of the matter by the medical press of the State. Legislators require more licking to get them into shape, and more inducements to keep them up to the proper mark, than Peck's *baddest* boy at any period of his existence.

The subject under consideration is one that should be well considered by our State Medical Society, which in a few weeks will meet in Memphis. Its members have always shown an interest in the matter when brought before them, and we know if they are fully enthused and encouraged at their next meeting, to that extent as to send each one home from the meeting as a determined, earnest worker, in a matter of great importance to their patrons, they can so influence public opinion during the succeeding months, that a good working majority may be secured in the next legislature. To that end, we call attention to it now, and do most earnestly hope, that those members of the profession, who have heretofore worked earnestly and well, will be on hand and make one more good, strong and determined effort in behalf of so important a measure.

Granted that their efforts heretofore have been apparently fruitless—we say apparently, for we are confident that much good has been done in the way of educating the people up to the point needed by the disappointments of the past, and we believe that much of the work necessary has already been accomplished, and that all that is needed now, is that “time be taken by the forelock,” and one more timely effort, in which all hands—so far as members of the State Society are concerned, lay hold and work with a will—yes, “a long pull, a strong pull and a pull altogether.”

In conclusion, we would beg leave to suggest, that the State Board of Health, or members thereof, formulate in brief and concise terms

such ideas as will best subserve the purpose of securing the best possible data pertaining to vital statistics in each county in the State.

We do not like the statement of Dr. F. A. Williamson, Secretary of the Taxing District Board of Health, as quoted by Dr. Sim in his editorial that "it has been impossible to get physicians to report without resorting to the courts." A personal acquaintance with the Doctors of Tennessee for more than a third of a century, justifies the statement *that no class or order of men are better observers of the law*. A very recent mark of unquestionable evidence of this broad statement is the unanimity with which the Medical Practice Act of the last session of the Legislature has been observed, notwithstanding it was objectionable, yes offensively so, to many members of the profession. In this city of Nashville we have had a very fair—yes, a good system of vital statistics registration, ever since the establishment of our City Board of Health.

A simple municipal enactment that has rarely indeed been infringed—and the rare instances have been due to neglect from pressure of other matters, and not defiance of law, has worked extremely satisfactory in this city. Unquestionably, like enactments by the General Assembly, will be met with similar obedience on the part of the doctors and other citizens throughout the State.

As a brief suggestion as to the best method to be resorted to, we beg leave to offer the following—not claiming for its originality, but simply from the fact that it presents fewer objectionable features, and seems more promising in successful results than any other.

1. That the coroner of each county shall be a competent and well qualified physician, and that with the other duties of the office shall combined those of County Health Officer, and Registrar of Vital Statistics, and Jail Physician.

2. That no deceased person shall be buried in any county, or removed therefrom without a permit from a duly elected and qualified magistrate of said county; and that magistrates shall issue burial permits when satisfied by statements from the relatives, friends or medical attendant if any, of the name, age, sex, social condition, color, etc., and cause of death of said deceased person, so far as can be ascertained.

3. Require all magistrates to forward the information so obtained at earliest possible opportunity to the Registrar of Vital Statistics, who shall compile the same in a book kept by him for such purpose, and

forward from time to time, the information so obtained, as required, to the Secretary of the State Board of Health.

4. The salary of the Coroner or County Health Officer, to be fixed by the County Court of the respective counties; and a reasonable fee to be paid by the State to the magistrates for each burial permit furnished, to be fixed by the Legislature.

This is merely a synopsis, yet we think it embraces the feasible points of a good working vital statistics law, that will eventually be so improved as to furnish much and important information.

WHAT IS THE MATTER WITH KNOXVILLE?—From the official report of the Secretary of the Knoxville Board of Health giving the mortuary statistics for January, 1890, we learn that syphilis caused no less than 12 deaths during the month; 7 white, and 5 colored. The total number of deaths from all causes being 62, leaving nearly one-fifth from the one cause alone, in a population given at 43,706. Just think of it? A mortality of 3.29 per 1000 per annum. This certainly is ahead of Paris in the gayest of her moods—nor do we think that Hot Springs could make so peculiar a showing. It is said that figures do not lie—if so, somebody has evidently been lying in the wrong bed pretty extensively in that bailiwick.

PEPTONIZED COD LIVER OIL AND MILK as manufactured by Messrs. Reed & Carnrick is one of the most excellent and elligible preparations of Cod Liver Oil that we have ever tried. It conntains 50 per cent. of Cod Liver Oil—pure Norwegian. The remainder is composed of milk, and an emulsion formed with Irish Moss. No gums are used in its manufacture, and it is a perfect emulsion.

ADMINISTRATION OF CHLORAL IN INFANTILE CONVULSIONS. Widenhofer, of Vienna, recommends the following as a sedative in infantile convulsions:

R Hydrate of chloral .....1 drachm.  
Distilled water .....8 fluidounces.  
Syrup of bitter orange peel .....1 fluidounce.  
A teaspoonful every two hours.

Prescription for asthma.

R Hydrate of chloral .....80 grains.  
Iodide of sodium .....22 grains.  
Simple syrup .....4 ounces.  
In an attack, give a table-spoonful every hour.

—*Revue de Generale de Clinique et de Therapeutique.*

## CONTENTS FOR MARCH, 1890.

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### ORIGINAL COMMUNICATIONS :—

Charge to the Graduating Classes of the Medical and Dental Departments of the University of Tennessee, by John A. Witherspoon, M. D. . . . .	95
Uterine Cancer, by Richard Douglas, M. D. . . . .	102
Campho-Phenique as a Remedy, by A. W. Barteau, M. D. . .	107

### SELECTIONS :—

Treatment of Medical Emergencies . . . . .	109
Treatment of Chronic Cystitis and Formation of Artificial Urethra . . . . .	114
Concentrated Lactic Acid as an Escharotic. . . . .	116
Electrolysis in Urethral Stricture . . . . .	117
Solution of Chloral Hydrat . . . . .	118
Forcible Flexion of the Body in Locomotor Ataxy . . . .	119
The Latest Anodyne Compound . . . . .	120

### EDITORIAL, REVIEWS, ETC :—

Book Notices . . . . .	121
Editorial Items. . . . .	127
Fifteenth Annual Commencement—Medical and Dental De- partments of the University of Tennessee . . . . .	128
American Medical Association . . . . .	132
Vital Statistics . . . . .	134
What is the Matter with Knoxville ? . . . . .	137
Peptonized Cod Liver Oil and Milk . . . . .	137
Administration of Chloral in Infantile Convulsions. . . .	137



# THE SOUTHERN PRACTITIONER.

AN INDEPENDENT MONTHLY JOURNAL,  
DEVOTED TO MEDICINE AND SURGERY  
SUBSCRIPTION PRICE, ONE DOLLAR PER YEAR

DEERING J. ROBERTS, M. D., - - Editor and Proprietor.

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## *Original Communications.*

### CEREBRO-SPINAL MENINGITIS: EPIDEMIC.

BY DEERING J. ROBERTS, M. D., NASHVILLE, TENN.

Recognized authorities uniformly agree in that no authentic records exist of this peculiar and specific form of disease prior to the present century; yet its peculiar malignancy, its striking characteristics and clinical features have so impressed the public mind, that even the non-technical reader has a feeling of horror, yes, a sense of dread on seeing it in the occasional paragraphs or striking headlines of the daily prints.

The first recorded evidences we have of it come from the southern part of Europe—Geneva, in the early part of the nineteenth century—subsequently, but not spreading from here as a centre, appearing in Germany and the United States. While an isolated case may in its earlier stages, be confounded with other morbid conditions quite different, or even of an allied character, taking the peculiar clinical features in a series of cases in

any epidemic, from initial to terminal, it is hardly possible that so marked a group of characteristics could possibly have been overlooked by earlier writers. The first clear and unquestionable description of it, as it has impressed itself on subsequent writers and observers, was published by Vieusseux in 1805, and immediately afterwards by Mathey, in their descriptions of it as it appeared in Geneva. Vieusseux designated it "as a malignant non-contagious fever," and Mathey reported as the result of his post-mortem observations "a gelatinous exudation covering the convex surface of the brain, and a yellow puriform matter upon its posterior aspect, upon the optic commissure, the inferior surface of the cerebellum, and the medulla oblongata.

Zeigler in his Text Book of Pathological Anatomy says that "*Hæmatogenous purulent meningitis* is the essential symptom of the infective disease known as *epidemic cerebro-spinal meningitis*. As its name indicates the exudation in this disease extends over cord and brain, though by no means uniformly. When the inflammation is at its height it is usually purulent or fibrino-purulent, seldom hæmorrhagic, though cases rarely occur in which some hæmorrhages do not appear. If death ensues within the first few days the quantity of exudation poured out is very small; sometimes nothing but a circumvascular infiltration of cells can be made out. In more advanced stages the sub-arachnoid liquid has a turbid whey-like appearance."

"Both brain and spinal cord are always involved, the cellular infiltration spreading from the pia mater along the vessels or directly to the cortex of the brain and the substance of the cord. In addition to this, small patches of inflammation (sometimes hæmorrhagic) are invariably found in the interior of the cerebrum. Strumpell says they are usually very numerous. The smallest form mere clusters of cells on the pial sheaths of the vessels, the larger ones are quite extensive cellular infiltrations, and are accompanied by softening of the infiltrated region. If the patient survives, these patches may become abscesses. Epidemic cerebro-spinal meningitis is thus accompanied by encephalitis and myelitis, and even after cessation of and recovery from the meningeal affection *cerebral abscess* may be left as a sequela."

T. W. Grimsshaw in Quain's Dictionary has the following: "*Post mortem* there are found inflammation of the membranes of the brain and spinal cord, especially of the arachnoid, with deposit of white, yellow or greenish-yellow lymph upon the surface of the arachnoid, especially at the base of the brain and anterior portion of the medulla oblongata and spinal cord, and effusion of serum into the ventricles and sub-arachnoid spaces."

He further says: "All the membranes of the brain may be more or less congested, the arachnoid being always extremely vascular and opaque from deposits of lymph—this opacity varies from slight milkiness to thick and dense deposits. The most marked intra-cranial lesion is the white-yellowish or yellow-green 'fibrino-purulent' deposit found at the base of the brain. This deposit varies somewhat with the duration of the disease; in cases which die early the deposit is usually slight, whitish and soft; in those which live for a week or two the deposit is yellowish or greenish; in prolonged cases the deposit is more white and pure, the effused serum in greater quantity, and the vascular fullness less. The origins of the nerves seem to be buried in and compressed by the deposit. The brain substance itself is more vascular than normal, but not otherwise altered."

These observations are borne out by other recognized authorities, with but slight modifications. Both Flint and Strumpell designate the posterior columns of the spinal cord as most involved in the exudate.

The following quotations are from Flint's posthumous edition.

"The name cerebro-spinal meningitis denotes an inflammatory affection of the arachnoid and pia mater of both the brain and the spinal cord."

"In the majority of cases an exudate of a purulent character, similar to that in simple meningitis, is found in the meshes of the pia mater both of the brain and cord. The extent and the abundance of the exudation vary much in different cases."

"In cases terminating within a few hours (fulminant cerebro-spinal meningitis) the anatomical evidences of the diseases may be slight."

In a series of eight cases occurring among the female convicts

of the Tennessee State Penitentiary in November and December, 1885, the post-mortem appearances in three which proved fatal were as follows :

Lucy N., colored, *æt.* 21, was taken sick November 30th, with violent pains in head, back and limbs ; eyes red and injected, slight fever, temperature 102, pulse 100, vomiting and constipated bowels. She gradually became worse, and by next morning there was marked rigidity of the muscles of the back of the neck and back, which gradually increased. and by the morning of the 2d of December, opisthotonos was marked, with rigid contraction of the flexors of the forearm, and strabismus. Hyperæsthesia of the entire surface was a prominent feature within the first twenty-four hours and continued until shortly before death. Upon removing the calvarium there was a considerable amount of yellowish white exudate, in patches, larger and almost continuous at the under surface of the cerebellum and medulla, but occurring in disconnected spots on the surface of the cerebrum, smaller and farther apart on the upper and anterior surface of the cerebrum.

Mary B., colored, *æt.* 21, was taken with a chill about 9 P. M. December 6th. On seeing her, about one hour later, she seemed dull, stupid with a confused look. Could not get her to reply to interrogations. Low muttering and moaning, in which all that I could distinguish was the word "head." She would scream out on being touched. Considerable rolling about and tossing slowly from side to side in the bed. She gradually became comatose, with stiffness of the voluntary muscles, with strabismus, until violent tonic spasm came on about 9 A. M., about forty minutes later breathing her last. In this case there had been no complaint of any illness until the initial chill—she seemed a little dull during the day, and moved about slowly and somewhat stupidly, but had eat her meals regularly at the usual hours, partaking but slightly, however, of supper.

In this case, the only appearances three hours after death was a slight engorgement of the capillaries of the pia mater and arachnoid, which was most prominent at posterior part of cerebellum and base of the brain. No effusion or exudate apparent.

Had the clinical history been wanting, or even had it occurred as an isolated case, I might have doubted the meningeal inflammation being an etiological factor in her death. True it was there, but not by any means in a striking degree.

Mary S., colored, *æt.* 16, was taken sick with slight chilliness in the afternoon of December 4th. Headache, backache, vomiting, and bowels had not acted in last forty-eight hours. Temperature on first day and night never exceeded  $101\frac{1}{2}$ . Pulse 100. Strabismus in slight degree was apparent the next day as well as some stiffness of the voluntary muscles, those of the back and back of the neck becoming quite rigid on the 6th. Some delirium. Pupil of right eye slightly smaller than natural, while that of the left was dilated. She remained pretty much in this condition until December 19th; the muscular rigidity varying in intensity at irregular intervals, but gradually becoming less, and the difference in the pupils was not apparent, in that they were both dilated irregularly, and remained so even at the approach of bright light. Her delirium gradually increased, became low and muttering, fever during the day and night of the 10th, rose steadily to  $103\frac{1}{2}$ , pulse to 128. She gradually became weaker, pulse more rapid and feeble, dying by *asthenia* on the 16th of December.

Examination of the brain five hours after death revealed fully as much as half an ounce of greenish-yellow purulent fluid at its under surface, with yellowish patches of a glutinous, gummy exudate adherent to the pia mater—the vessels of the arachnoid and pia mater distended with dark, almost black blood. The upper surface of the cerebrum presented nothing unusual. About half a teaspoonful of milky, serous fluid in each of the lateral ventricles, with small, whitish flocculi floating therein.

This citation of facts of personal observation, and that of others is given in evidence of my views of the nature of the disease, being in direct opposition to those of my able and esteemed friend, Dr. J. S. Nowlin, of Shelbyville, Tenn., as set forth in an article from his pen, which appeared in this journal last June, in which he says "cerebro-spinal meningitis, is not in my opinion an inflammatory lesion." Reference is also suggested to the shadowy

and uncertain nature of the disease as given by so able a clinician as Prof. Alfred Stillé in his article on the subject in Pepper's excellent System of Medicine, in which he at first doubts and questions, if not denying its inflammatory nature, and subsequently, somewhat vaguely admitting it.

In my opinion, we have in cerebro-spinal meningitis a specific malignant, non-contagious febrile disease, with an inflammatory lesion involving the membranes of the brain and spinal cord. By an inflammatory lesion, I mean one in which there are a majority, if not all the prominent features of inflammation, viz : A perverted nutrition of a part with altered function, accompanied by pain, heat, redness or swelling. A similar condition being found in other diseases of a general nature with a local inflammatory accompaniment. As pneumonia is a specific febrile non-contagious disease with an inflammatory lesion involving the air cells of the lungs ; as typhoid fever is a specific febrile non-contagious disease with an inflammatory lesion affecting specific structures of the intestinal canal ; so is cerebro-spinal meningitis, a general disease with its local manifestation. It is produced by a specific germ or agent, whose habitat, nature or natural history has not yet been discovered, but which possesses the power to so act on the blood as to produce death outright (as in *fulminant cases*) with but little if any apparent local appearance, or as a secondary result by the perversion of nutrition in this secondary locality. As to why the brain and spinal meninges should bear the brunt of the attack, I can no more tell, than why the specific germs of typhoid fever manifests their predilection for the patches of Peyer and the glands of Brunner.

A certain condition of the blood is requisite for the normal nutrition and functional performance of each tissue of the body. By the action of certain disease germs the blood is no longer nutritious, but noxious to certain structures. This being the case, until these germs are so understood that their action can be prevented or arrested, our only means of rationally dealing with them, is to endeavor to maintain the integrity of the part involved until their action is exhausted. This has given the only

means so far regarded as successful in dealing with the analogues of the disease under condition.

In giving my views of the treatment of cerebro-spinal meningitis, I will again make reference to the notes taken and hospital records of the series of cases already alluded to.

The first case recorded was that of Eliza P., black, æt. 22, who when brought to the prison some two years previously was suffering severely from a neglected and aggravated case of syphilis, with extensive chancrous ulceration of the vulva, and os uteri, with involvement of inguinal glands on both sides. Under specific treatment, continued for more than eighteen months she improved, and all active indications of the disease disappeared. During the succeeding six months she was kept on anti-syphilitic remedies for six weeks at a time and left off for four or five weeks. It was at the close of one of the latter periods that she commenced on the 28th of November, 1885, to complain of severe headache, for which she was given a laxative and bromide of potas. and ammon. The next day she seemed to be worse and was quite flighty in her talk, dull and somewhat stupid. The bromides were increased as her eyes were somewhat red, with dilated pupil of right eye, and she complained of intolerable pain in the back of the head and down her back. On the morning of the 30th she was quite delirious, dull and stupid. Incorrectly thinking that it was a syphilitic cerebral lesion, I still pushed the bromides with the addition of iodide of potas. 20 grs., and morphia sulph. 1-2 gr. every six hours. On this treatment, varying the amount of morphia in proportion to somnolency or cephalagia, she was continued for a week, eventually recovering after a somewhat slow convalescence.

The three cases already cited occurred on November 30th, December 4th and 6th, and were readily recognized as cerebro-spinal meningitis and were given the ordinary treatment of the standard authorities with the results as stated.

December 7th, Missouri N., mulatto, æt. 17, was taken at daylight, with slight chill, violent headache and pains in back of neck and head, vomiting and some hyperæsthesia of surface. I saw her three hours afterwards, and immediately opened a vein

in her left arm, abstracting about one and a half pints of blood. I gave her an active cathartic of calomel, rhubarb, aloes and jalap, followed in four hours by a full dose of magnes. sulph. and an hour later an enema of warm soap suds one and a half pints, with ol. turpentine f3ij secured a full and free evacuation of the bowels. She was then placed upon morphia sulph. 1-2 gr. every four hours, until sleep or relief from pain occurred. Pain persisted all night, only slight drowsiness. Next day she was delirious, with some contraction of muscles of forearms, and rigidity of muscles of back, and slight strabismus. I placed one-half dozen leeches on the back of her neck and three on each temple and let them fill themselves, and applied wet, warm cloths to encourage subsequent bleeding. I ordered the morphia to be repeated every two hours until sleep or relief from pain resulted. I also ordered fl. ext. ergot f3ss every four hours. By next morning she had taken ten doses of morphia—in all five grains, and had slept in all, about six hours, from 12:30 at night until between 6 and 7 next morning. She had taken twenty grains of quinine divided into three doses at 6, 12 and 6 o'clock that night and the preceding one. I continued the morphia in half grain and the ergot in half drachm doses to which I added five grains of iodide of potash, every four hours until next morning, also giving the quinine again at night as before, and giving her one-quarter grain of calomel at 2, 4, 7 and 8 P. M., which had also been done on the two preceding days. The next day she seemed some better—had slept considerably during the day and night. Still some hyperæsthesia, and dull, slight headache with some pain in back of neck and head. I increased the iodide of potash to ten grains every four hours, and gave morphia and ergot in same doses as before every six hours, procuring an evacuation of the bowels by enema. The next day, headache and backache being less, the morphia and ergot was given at 9 A. M. and 9 P. M. Iodide of potash ten grains every four hours continued for that and the two following days, with one-half grain of morphia at bedtime. After this time, as all the symptoms were remarkably ameliorated, she was continued on iodide of potash alone in ten grain doses three times a day for a week, when recovery was con-



sidered as established, and it was discontinued, and iron and vegetable bitter tonics ordered.

Two more cases occurred on the 8th of December and one on the 9th. They were all colored, and aged 18, 26 and 32. All were bled to the extent of one to one and a half pints within from four to six hours after the first development of headache, an active cathartic, supplemented by an enema followed, then morphia in full doses until sleep or relief from pain was attained, together with fl. ext. of ergot, with quinine for the first two or three nights, twenty grains each night, calomel one grain in four doses for the first three or four afternoons; commencing the iodide of potash after the first appearance of sleep or diminution of pain. The venesection in all was followed in twelve to fifteen hours by the application of a dozen leeches to temples and head and the neck, as in the first case that was bled. They were all typical cases, and in their general appearance and course followed the same general movement towards a gradual but successful recovery from a most dangerous disease, as did the case I have cited in full.

In conclusion, I submit the following suggestions: We have here a disease of a specific character. This we cannot arrest. But can we not do something towards warding off its dangerous results. If called to or recognizing it in time, is there anything that will do as much towards preventing the disastrous exudation as a full venesection followed by leeching.

Then opium, not only for its anodyne effects, but for its influence in arresting secretion—the exudation here is but a perverted secretion.

Prof. S. O. L. Potter in his late and valuable work on *Materia Medica and Therapeutics*, says: "In cerebro-spinal meningitis it is the one remedy, if given early, before exudation has set it." I would always prefer to have the decks swept clean for its full and undisturbed action by evacuating the alimentary canal. The time lost, if any by the latter, being compensated by its derivative action. Calomel for maintaining normal glandular secretion. Quinine as a germicide and to control what fever may exist, and fl. ext. ergot for its action on the muscular coat of the

arterial system, its production of arterial anemia; and lastly iodide of potash for resolving whatever of exudate may have developed.

Upon these general lines, with such addenda as the nature of the case may from time to time require, such as judicious feeding, digitalis in feeble action of the heart, diffusible stimulants on any approach to asthenia, etc., etc., I believe we can accomplish the most satisfactory results attainable—at least until a more definite knowledge of the specific etiological factor of the disease is attained.

In the event I could not resort to venesection in the early *hours* of the disease—at least before any great amount of exudation had occurred, I would do the best I could with the other means alone. If any great amount of exudate has resulted, the patient has already been bled—at least a part of the blood, or products thereof, have escaped from the vessels in a dangerous locality, and the patient will need all possible powers of endurance to secure a resolving or a re-absorption of the effused material.

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## CANCER OF THE MAMMA.

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BY J. A. WOMACK M. D., OF KARBBER'S RIDGE, ILL.

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Mrs. M. Luster, aged 64 years, and the mother of six children, discovered in March 1889, a tumor as large as a pea in the right breast, which gradually developed some of the signs of scirrhus cancer, such as extreme hardness, retraction of the nipple, and lancinating pain, however there was no deep attachment. By persuasion she yielded to a surgical operation, which I performed on Dec. 5th ult., with the assistance of Dr. Lawrence of this place and Dr. Jas. Rose of Harrisburg. The patient walked to the table prepared for her, laid down, feeling composed and quiet. The anæsthetics used were locally, a four per cent. solution of Hydrochlorate of Cocaine injected with a Hypodermic syringe around the cancerous growth, after which she inhaled equal parts of Chloroform and ether. The entire

breast was removed. The neoplasm was almost spherical, nodular, densely hard and inelastic, and enclosed in a connective tissue capsule, by which it was thoroughly isolated from the surrounding tissues of the mamma. On section, which was made very easily with a scalpel, it measured about one and a half inches in diameter, and the cut surface presented a pale, granite like appearance, with white islets of fibrous tissue, which constituted about one-sixth of the entire mass. There was no considerable hemorrhage. The patient was able by a little assistance to walk from the operating table to her bed, and at this writing her breast is entirely healed.

Perhaps no one subject in operative surgery is of more absorbing interest, or of more frequent and practical moment, than the possibility of the successful, and by successful, we mean permanent removal of cancer. We are gradually coming to think that some diseases, formerly believed to be incurable, are amenable to treatment, scrofula and cancer among the number. That cancer was a constitutional disease and, therefore incurable, was formerly the nearly universal doctrine.

It was a pathological entity, represented by the caudate "cancer cell" so anxiously searched for by the pathologist of twenty years ago. But a score of years, and many a score of searchers has compelled our belief that cancer cells and many others are but modifications of normal tissues, rank growths in rich but unwholesome soils. This naturally lead to the belief in the local origin of cancer, a view now so widely held by Prof. Chamberlain in a late issue of the *Medical Brief*. He establishes this doctrine, that all the facts regarding malignant growths may be explained on the hypothesis of their local origin, and then asks the question. "How can we understand the lamentably frequent failures of surgery to radically cure the disease?" The answer is plain as our contemporary has pointed out. The disease has not been wholly extirpated. Parts are left behind which to the eye appear healthy, but in which the microscope would discover the seeds of disease all ready to to ripen into a rich and speedy harvest. Partial excision of the breast itself in malignant tumors has long since been condemned by all surgical writers of

repute, but how far beyond this is it needful to go, is a point on which differences of opinion exist.

No one, perhaps, has urged so thorough and sweeping a removal, especially in cancer of the breast, as Prof. S. W. Gross, though we think most surgeons are not prepared to go so far as he has advised.

Mr. A. Pearce Gould has lately read a paper before the Medical Society of London on the "advisability of enucleating the Axillary Glands in case of removal of Scirrhus Mamma" in which he concludes that, it is advisable to remove the axillary glands in all cases of the breast submitted to operation. He is undoubtedly right, to remove healthy glands will do no harm, the incision will be very little, if at all enlarged, the gland being small, can be easily removed without appreciable additional risk, and the vessels are in no danger. But very often what seems to be healthy glands are in fact, diseased. Any careful surgeon who has examined them, will recall cases, in which very small glands showed lumps as large as a pea. Almost too small to produce any sensible enlargement, yet large enough to destroy all hope of a successful operation.

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## MINERAL WATERS OF TENNESSEE.

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BY W. M. VERTREES, M. D.,

*Professor of Materia Medica and Therapeutics in the Medical  
Department of the University of Tennessee.*

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The constant increase of the use of mineral waters in the United States marks the progress of civilization. Not only in the present age, but since man has had a history, as he advances in wealth and refinement his desire for the invigorating and rejuvenating influence of nature's mysterious fountains keeps pace with his most advanced progress. The Therapeutist has sought in vain to imitate by his knowledge of pharmacy some preparation or substitute for mineral waters; but experience constantly repeats the charge of counterfeit, and the world sustains it. The

analytic chemist devotes year after year in his analyses and succeeds in telling you, to the thousandth part of a milligram the constituent of the Red Boiling Sulphur, the Pylant, Tyree and others, yet when he attempts to reproduce either, his wonderful skill is gone and his compound wants the catalytic force of nature's waters to endow it with the therapeutic force of her own preparation. Stand by her fountains and gather into bottles as it flows from the earth and seal it hermetically and transfer but a mile, and part of its virtue is gone or refuses to leave the melody of its rippling source. Medical philosophers with their known proclivity to explain everything have given us reason after reason, why after why, and wherefore after wherefore, yet the world with its stubbornness rushes off to the springs and cheats the doctor out of many good fees. There can be no doubt but the change of life from monotony of home and crowded city has something to do with the general improvement experienced by most persons that resort to watering places, yet the rapid improvement of those suffering from chronic diseases can not be explained on the theory of change, there is something sanitary, some wonderful therapia in the mineral waters of Tennessee. There is no better water in the world than flows out of her hills and valleys, and if the owners of these health renewers will provide the comforts and conveniences that are found at other watering places no Tennessean need leave his own beautiful hills and vales to find a place where better water exists—the rest from busy toil or over worked brain is needed by thousands, and in small towns or healthy location, commodious hotels or sanitariums are springing up everywhere, but it is only where there is a variety of of mineral waters that the invalid or over worked crowds are found and where experience teaches rest and health are found. We can prescribe any of the salts of minerals found in these waters but the result is not obtained. It is thought by some therapists that the only advantage of mineral waters is that persons attending these places drink much larger quantities of water and in this way flush the system, or dissolve in the blood and wash out the products of system waste, and have suggested that their patients drink larger quantities of water.

While there can be no doubt that the more water that is taken in the system in health or disease that passes into the blood without waiting too long upon the process of absorption in the stomach, the better for the individual, yet patients cannot be induced to drink water sufficient for this flushing effect on the blood so readily as by a resort to mineral waters, and every visitor has observed upon their arrival at the springs the increased desire for water, and they also feel at once the relief it affords. It flushes the system and washes out every organ and excites to action the entire secretory and excretory systems, bathes every tissue, removes waste matter, and practically reorganizes and overhauls the economy. Experience has taught aside from water as a solvent, that in mineral springs there exist a variety of therapeutic forces, some possessing the power to relieve certain conditions of morbid action, while others may have different power in other forms of disease. It requires time to demonstrate the peculiar virtue of the variety of waters of Tennessee. Some of them have demonstrated beyond a doubt their power over certain diseases, and all persons desiring to attend watering places should investigate the character of the springs or watering place to be visited.

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### *Selections.*

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POINTS IN THE TREATMENT OF SYPHILIS.—Dr. R. W. Taylor, the author of "Taylor's Atlas of Venereal and Skin Diseases," gives in the *Medical News* an exhaustive paper on this subject, based on extensive experience both in hospital and private practice. Of the three systems of treating syphilis (the expectant, the continuous and the interrupted), he decidedly prefers the plan of interrupted, by carefully regulated courses of mercury alone at first, and of mercury and iodide of potassium later on. The best cures are obtained by a judicious use of any or all methods of administration—ingestion by the mouth, endermic medication by inunctions of ointments or soaps and fumi-

gations, and by hypodermatic injections. In the ability of selecting the proper method at the right time, and of the suitable agent for the particular lesion, resides the art of treating and curing syphilis. Of the preparations of mercury he is partial to the green iodide, and next to it the tannate of mercury. The bichloride by the mouth is a very uncertain remedy.

As to the dose, every case of syphilis is a law unto itself. The tolerance of mercury in the system is largely dependent upon the condition of the stomach, the pharynx, and of the mouth; and he who keeps these in as near perfect order as possible is the man who can give mercury in such quantities that the eradication of syphilis may result. Begin with one-fourth or one-fifth of the green iodide three times a day, and if the symptoms do not yield, a fourth or even a fifth dose may be given within the twenty-four hours. Inasmuch as the early secondary period is the crucial one in the life of a syphilitic, it is upon the activity and suitability of the treatment at this time that the future immunity largely depends. It is well, therefore, that the first mercurial course of treatment should be active and prolonged. We should keep the patient under the influence of the mercurial for at least three months, and even six months, if necessary. After this, a stoppage of the dose may be allowed for one, two, or even three weeks. In private practice it is rare to see any but the mildest lesions at this time, such as spots on the tongues of smokers or drinkers, or scaly patches in those subject to simple scaly affections.

The next course may last but two or two and a half months, when perhaps about four weeks of freedom from drug-taking may be granted. Then the medicine may be used again, and in the course prescribed. During the second year it is best to combine iodide of potassium with the mercurial salt, using either bichloride or the biniodide. During this second year, all things being favorable, the intervals may be lengthened, though a full dose of the combined drug should be given when treatment is being followed.

The early rashes of syphilis are best treated, in his judgment, by mercurial inunctions, both during their chronic and active

stages. Thus, if the erythematous syphilide is exceptionally severe and persistent, it is well to leave off internal pill dosage and use mercurial inunctions, according to the usual plan and the indications presented by the case. When the eruption has disappeared the pills are resumed again, and the ointment discontinued, unless perhaps some small patches require its continued use.

It is a valuable, even a golden, rule never to be content with the action of mercurial pills, unless we see a decidedly rapid subsidence of the lymphatic ganglia. Failing to produce this effect is evidence that our remedy is not carried in sufficient quantity by means of the circulation, and that medication is necessary. It is well to remember that the best results followed the inunction when made over the ganglia, and upon the region supplied by the lymphatic radicles.

This practical paper concludes with the statement that the treatment of syphilis is far from being a matter of routine or a mere problem of dose-arithmetic, as many seem to think. To be thorough and successful, it must be based on broad principles, and upon accurate and full knowledge of the disease. The physician should be well versed in general medicine, as well as in syphilis, and in its management he should be zealous, watchful of all the conditions and complications which may arise, and ever ready for such modifications and expedients in treatment as the case may demand. Thus equipped, it is within the power of any physician to make himself the master of syphilis in the greater number of cases, and to be able to promise his patient ultimate freedom from his disease.—*Practice.*

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CASE OF EXCISION OF THE ELBOW JOINT.—George R. Westbrook, M. D., at a meeting of the Brooklyn Surgical Society, November 7, 1889, reported the following case: J. D. M., aged thirty-four, an engraver of watch-cases, had, in the early part of August, 1887, an abscess form on his back, between his shoulders, which I opened in two places, establishing good drainage. Repair of the abscess went on satisfactorily. About the middle



of September he complained of pain about the right elbow. I suspected inflammation of the joint. Exploring with a hypodermic syringe, I found pus a little above the external condyle of the humerus. A free opening was made, the pus cavity washed out with an antiseptic solution, and a drainage tube introduced; shortly after pus was found below the joint over the olecranon, this was treated in the same way. I could not find any communication with the joint from either of these cavities.

The arm was kept in a splint and the pus cavities washed out every other day with an antiseptic wash, the patient all the time taking a tonic of iron and quina; his temperature all the time keeping one and a half to two degrees above normal. Two or three weeks after the last abscess was opened, denuded bone could be detected with a probe in both openings.

Prof. J. S. Wight saw him with me, and advised a continuation of the treatment a while longer. Soon crepitus could be detected on manipulating the joint. Prof. Wight saw him with me again, when it was decided to remove the diseased bone, which I did, December 27, 1887, assisted by Prof. Wight and Drs. Buckmaster and Brewster.

A longitudinal incision was made on the posterior aspect of the arm, from about two inches above the olecranon to about two inches below, the tissues were drawn apart, the ulnar nerve exposed and drawn to one side, when about one inch from the lower end of the humerus, about an inch from the upper end of the ulnar and the head of the radius were removed. The wound was washed out with a bichloride solution, the parts drawn together, an antiseptic dressing applied, and the arm placed in a right angle splint. Convalescence went on slowly, giving the man a good useful arm.

The bones of the forearm are drawn up in front of the humerus, the radius seems to articulate with it, but I do not think the ulna does. Rotation and flexion of the forearm are good. As the attachment of the triceps to the olecranon is lost, extension is considerably impaired. Flexion and extension of the hand and finger are good; the grasp of the hand is firm. The arm from the shoulder to the top of the middle finger is two

inches shorter than its mate; and there is some atrophy of the hand.

#### DISCUSSION.

Dr. BURGE.—It speaks for itself as an exceedingly interesting case, and I think its present condition testifies to the excellence of the operation. It does not occur to me to say anything very special upon the subject beyond this, that the use of the fingers seems to be good and the nerve connections well preserved.

Dr. WIGHT.—I only wish to say very briefly that the facts of the clinical history, from what the doctor has said and from what I remember of it, and tracing along the line of the facts all the way up to the present, as they come to my judgement, without going into detail, I arrive at this conclusion; that it is an example, an important example, of conservative surgery, the conservatism that ought to be put in force nowadays from time to time, while we are inclined to amputation. That is one of the greatest triumphs of conservative surgery that I have known, saving a limb that had just a chance to be saved, a useful limb, and saving a man's life and putting a fairly useful limb in the place of no limb at all, with a very good movable joint, so that it can be used to help support his family. It seems to me that such a case as that should be presented to every practical surgeon, to give at least a strong suggestion in the direction of conservative surgery, especially in the upper limb.

Dr. PILCHER.—One thing that is particularly remarkable about this is the freedom from atrophy which the muscles of the fore-arm present.

Dr. WESTBROOK.—The muscles of the forearm measure more in circumference here than the sound arm; there is some atrophy of the hand.

Dr. PILCHER.—I think that is very unusual. Is there any reason you can give for the preservation?

Dr. WESTBROOK.—The flexor muscles seem to be used almost altogether, and that is the only way I can account for it.

Dr. WIGHT.—Wouldn't it also be due to some extent to the shrinking?

Dr. PILCHER.—It is now, I believe, nearly two years since the

operation. The excellent range of motion which he has at the elbow and the strength which he has in it are remarkable. And there is no apparent threatening of any recurrent trouble about it, it seems to be thoroughly healed.

Some of the gentlemen may remember the case of a young girl whom I presented here more than a year ago, showing the result after an excision of the elbow, in which at the time I presented her there was almost like a flail-like condition, from the the considerable separation of the forearm from the humerus with only the soft tissues between. At that time I suggested the propriety in that case of operating again, refreshing the ends of the bone and bringing them together and endeavoring to secure ankylosis. In course of time I did such an operation. I refreshed the bone ends and brought them up together and sutured them, and succeeded in getting the parts united again, with the bones in close relation to each other, but still without ankylosis; I had a good movable elbow joint. In that case also there was recurrence of tuberculosis in the parts, so that two or three secondary operations had to be done by me before it was entirely overcome. It is now soundly healed, however, and the patient has a useful arm, though by no means as strong and well developed as this. She plays the piano with her hand. In that case, however, there had been disease of very much longer standing; she had had disease of the elbow joint for twelve years or more, and there was much atrophy to begin with. As Prof. Wright has remarked, these cases show the possibilities of conservatism in connection with extremely threatening conditions, and would encourage us to make an attempt at conservatism before condemning a limb to amputation.—*Brooklyn Medical Journal for March 1890.*

CONSUMPTIVE TENDENCIES AS INFLUENCED BY TRIPS ACROSS THE COUNTRY IN A CARRIAGE.—There is a strong conviction that life in the open air serves an excellent purpose in warding off threatened attacks of phthisis or in curing it. Certainly, however, it is believed that to obtain the benefits of open air, a locality distant from the patient's home is imperative, on the mountains, by the sea, at the South or in the North, etc. As

a matter of fact most patients are unable to leave their homes. If treated at all they must be treated in the State in which they reside.

Many years ago, a physician who had spent nearly eighty years in Vermont, over fifty of which he was in active practice, told the writer that shortly after he began the practice of medicine he broke down, and was told by his medical advisors that he was attacked by consumption. He took his horse and wagon and for three months spent his time riding about New England and New York. He would travel far or near, daily, according to his inclination. At the end of the period he returned to his home and professional work, and continued it almost without interruption till near eighty years of age. He died at last, not from any disease, but as the "deacon's one-horse shay" vanished, all at once without any apparent cause.

In minor forms this observation of the effects of open air travel has many times been confirmed by the reports of careful observers. Dr. H. I. Bowditch (*Medical News*) gives a valuable contribution in support of the value of open air travel to consumptives. In 1808 his father had all the indications of consumption. With a friend he took a tour of New England in a one-horse chaise. The first day he traveled twenty-five miles, but his exhaustion and hæmoptysis was so great that he was urged to return home to die. But he pushed on, and every day brought him improved health. After his return home he took regular open air exercise, and died of carcinoma of the stomach thirty years later, at the age of sixty-five. One lung presented evidence of an ancient cicatrix at its apex, but both were otherwise healthy.

He says that his father married his cousin, who died of chronic phthisis two years before his father. Of eight children, one died at birth, and one at eleven. All the others arrived at adult age and married, several being still living. Of the ninety-three direct descendants of his father, not one was phthisical. This result is attributed to the journey, supplemented by the following out-door exercise, and careful regulation of the health of his children.

Dr. Bowdich thinks that many patients die from the want of open air treatment. He directs each of his phthisical patients to walk daily from three to six miles; never to stay at home all day unless a violent storm be raging. If the weather is very cold he directs them to wear respirators. He forbids standing still on the street to talk with friends. He thinks that by following this plan patients may be cured at home, and while still conducting their business; this seems sound sense. Better use the air at our doors and near our homes, before we fly to other air hundreds of thousands of miles away.

To those unable to walk sufficiently far to reach the best air near home without excessive fatigue, it is advisable to use a horse and buggy, or a team driven by the patient, which is far better. The therapeutic value of a spirited span of thoroughbreds, to one able to manage them, is very great, and these too can be added to the effects of the open air proper. Consumptives are only one of many classes of people who would be thus benefitted.—*American Lancet.*

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THE DRY METHOD OF OPERATING.—Dr. W. W. Van Arsdale, in the *Annals of Surgery*, describes a dry method of operating as practiced by Dr. Landerer, of Leipsic, and reported by him in a paper before the late Congress of Surgeons in Berlin. The method consists in not allowing a drop of fluid of any kind to come in contact with the wound during the operation. The instruments are boiled and kept in a weak carbolic solution. The hands of the operator and the field of operation are cleansed first with soap and water and then with a one-in-two-thousand solution of sublimate in alcohol. As soon as the first incision is made no more fluid is allowed to come in contact with the wound. Sponging is done with pieces of sublimated (absorbent) gauze, and all parts are kept tamponed with it, except at the point where the surgeon is working. Hemorrhage is much lessened by this method; hardly any vessels in the muscles require ligation. As soon as the operation is finished, and the larger arteries are tied, the wound is to be kept tamponed for a few min-

utes with gauze, after which it presents absolutely dry surfaces, and is in excellent condition to unite primarily. Buried sutures are used to bring the deeper portions together; the skin is united by sutures. No drainage tubes are applied; but all the blood finally forced out of the wound by direct pressure. There is no secretion whatever, so that no care need be taken to evacuate it. Even cavities may be treated in this manner (as after castration) provided the walls can come together. The dressings are to be applied under moderate pressure of the bandage. The advantages claimed for this method by the author are the following: 1. The patient does not get at all wet or chilled. 2. Hemorrhage is minimized. In cases of amputation of the breast, where the axillary glands were removed, the towel placed beneath the shoulder was not even wet. 3. No antiseptic substances were absorbed, and therefore no intoxication is possible. (Sterilized gauze would be even safer to use.) 4. The duration of operations is shortened, because there is not so much time spent in controlling hemorrhage. 5. Rapid and safe recovery. In the ninety cases of the author he never once observed a flush around the wound; the temperatures never once rose above  $100.5^{\circ}$ . There is no secretion from the wound, so that only one change of dressing is necessary to remove the stitches. The patients are not prostrated, even after larger operations, such as incision of the breast and axillary glands, and can be up and about as soon as the effects of the anæsthetic are past. 6. Great convenience of the method. Instead of big bottles, unreliable dishes and fluids, as are met with in country practice, well-packed gauze may be carried along in a small tin or glass vessel, thus simplifying matters greatly for the general practitioner. 7. The hands of the surgeons are not harmed or roughened, which is a great comfort. The author reports ninety cases, mostly all major surgical operations, such as amputations, resections, laparotomies, extirpation of tumors, osteotomies, plastic operations on the nerves, etc. They were performed partly in his private hospital, partly in city and country practice, and partly in a crowded dispensary.—*Pacific Medical Journal*.

**SUBSTITUTION IN PROPRIETARY REMEDIES.**—In Kansas City recently seven druggists were fined \$500 and costs for counterfeiting a trade-mark preparation, the ingredients of which are well-known. This suggests some thoughts on a subject, which appears to have received but little consideration from the profession in general. Is it proper for the physician knowingly to countenance the extemporaneous preparation by his druggist of such remedies, the formulas of which have been given to the profession and approved by them? In other words, is it proper to allow the substitution of an extemporaneous preparation for one with which we are familiar, upon whose effects we have learned to rely?

We believe that the question is very similar to the one of substitution in general, upon which there is little difference—even amongst doctors.

It is reasonable to suppose that the company manufacturing a remedy of this kind, dependent as it is for its sale, on the satisfaction which it affords to the profession, and the approval which they in return bestow on it, would ever observe the strictest precautions in the procurement and selection of the drugs and other materials used in its make-up, and would guard most religiously the utmost precision and regularity in the various steps of its methods and preparation in order to attain unvarying uniformity and reliability of effects. And it is perfectly patent that the wishes of the profession in this regard are more liable to be fulfilled under the above conditions than when the desired remedy is prepared under the vacillating conditions of all grades of drugs, degrees of skill, etc., to be found in drug stores.

It is a fact familiar to all of us that the most ordinary prescription which we may compose, when at different pharmacies, or even at the same pharmacy at different times, may appear so different as to call forth the complaints of our patient, who never believes the repeated bottle is quite as good as the first one; indeed, he frequently thinks it is a different preparation, and is firmly convinced that the druggist has made a mistake and given him the wrong medicine.

We all know how essential it is to have certain prescriptions

prepared in a certain way, even asid  from the manner in which the general rules of pharmacy would govern their preparation.

We believe, therefore, that the substitution or proffer by the druggist of a home-made preparation of this kind, for the one which is prescribed, should be deprecated by the profession as emphatically as is its cousin, the substitution of one drug for another.—*Weekly Medical Review*, St. Louis, Mo., Dec. 14, 1889

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**ATROPINE SOLUTION IN NOCTURNAL EARACHE IN CHILDREN.**—Lately I have been treating a lady for sore eyes. \*Incidentally she told me about her little girl, 2 years old, crying nightly with earache. The child could not sleep, and would not let the mother sleep. I prescribed one grain atropine sulphate in an ounce of water, and told the mother to drop four drops into the ear whenever the child complained of pain, and let it remain there for twelve to fifteen minutes, explaining that it would do no harm, if the child should even go to sleep with the medicine in the ear. The mother and child have neither lost any sleep since the use of the medicine was begun.

I have been using atropine solution for nocturnal earache in children for about twenty-five years, and have not yet known it to fail to promptly relieve the suffering. During this time I have known it to stop the night-crying from earache of many children. It not only stops the pain promptly, but it in a short time actually cures the trouble. At least, that has been my experience. In pain from tympanic abscesses, furuncles and otitis externa it has no appreciable effect.—*St. Louis Medical and Surgical Journal*.

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**DIET IN DIABETES.**—This subject, though rather hackneyed, is still of much interest, on account of the great difficulty to prescribe a suitable diet to which the patient will adhere. In "Diabetes," of the *Physician's Leisure Library Series*, Dr. A. H. Smith gives some lucid instructions with regard to this troublesome matter. We condense from them: All forms of meat, except liver, may be allowed, but sauces containing sugar or flour must not be served with them. Fish of all kinds may be



given with the same restrictions. Eggs in any form are to be employed. The green vegetables, so-called, contain so little starch and sugar, that their use may be allowed. Celery, cabbage, Brussels sprouts, cauliflower, string beans, asparagus, lettuce, spinach, mushrooms, radishes, cucumbers, endives, young onions, water-cresses, turnip tops, beet tops, etc. Acid fruits, such as tart apples, cranberries, lemons, strawberries, gooseberries, plums and cherries are permissible. They may be stewed with saccharin, instead of sugar. The greatest trouble is experienced with bread. It seems almost impossible for one to exist with any degree of comfort without bread, and yet the difficulties in the way of making a bread that does not contain a dangerous amount of starch are almost insurmountable. Almonds have been used for the purpose; but they are both too rich and too expensive for most patients. The embryo of the wheat can also be made use of, but here again the matter of cost prevents. Dr. Smith says that a tolerably fair substitute for ordinary bread may be made by adding to the gluten, from which the starch has been removed, wheaten bran, deprived of its outer silicious covering. However, it is only in severe cases that very stringent measures have to be employed with regard to the exclusion of the carbo-hydrates from the food.

In mild cases, ordinary bread may be given, deprived of only a portion of its starch, and in still milder cases rye bread will be found of good service. But, since the disease is peculiarly an exhausting one, and it is therefore important to keep the digestive apparatus in as good condition as possible, that author insists that in any case, no matter how satisfactory may be the urinary examinations, if the patient's nutrition and strength are becoming impaired, he must be allowed more liberal diet. Progressive weakening of the patient's assimilative power, with increased nervous irritability and a lowering of his general morale, are by no means compensated for by reducing his output of sugar by one or two grains more a day.—*Times and Register*.

SANDER & SONS' Eucalypti Extract (Eucalytol).—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied samples of Eucalytol and reports on cures effected at the clinics of the Universities of Bonn and Griefswald.

**TREATMENT OF ASTHMA.**—Of the thousand and one things which have been used for this disease, nothing in my experience is equal to the nitrate of sodium. I am not fond of mixing drugs, and I therefore generally give it alone. In some cases, however, with the object of promoting sleep, I combine it with hyoscyamus, and in others, again, I have found the tincture of lobelia of some additional benefit. When the nitrate of sodium first came into use I gave some large doses (ten to fifteen grains) in a case of uncomplicated asthma, which had occurred in repeated attacks for some years. The first dose made the patient so sick and faint that I could hardly induce her to repeat it; but although the second dose had a similar effect, the patient was freed from her asthmatic attacks completely, and had not had a recurrence when I last saw her, two or three years afterwards. Since then I have given it in from three to five grain doses, frequently repeated, and always with the greatest benefit. With regard to hyoscyamus in this affection, as well as in other diseases, I find that the ordinary doses are of little benefit. Two drachms of the tincture or of the succus for a single dose should be prescribed, and not less than one drachm when frequently repeated. Besides having an influence over many spasmodic affections, it has a most tranquillising influence on the mind. Given alone in asthma it will not relieve the spasm, but in combination with the nitrate of sodium, the improved condition of the patient is sometimes simply marvelous.—*T. Frederick Pearce, M. D., F. R. C. S., in the Lancet.*

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**THAT INFLUENZA AND CHOLERA** are bound together by any relationship making a cholera epidemic imminent, has been generally scouted by those medical journals (the *Lancet* included) which have mentioned the coincidence between several occurrences of the two diseases. Professor Zdekauer, a medical authority of St. Petersburg, is inclined to regard the danger as by no means a remote one. It has been his lot to see four epidemics of cholera, in the years 1839, 1848, 1866 and 1884; in each case an epidemic of influenza occurred in the year preceding the cholera visitation, and he fears that the influenza germ “after passing

the winter upon our soil will spread the cholera next spring." As a safeguard he advises unusual attention to sanitary matters in the Russian capital, so that if the cholera does come it will find the city in the best condition for resistance to the disease. Professor Zdekauer calls attention to the fact that cholera flourishes most in countries like Italy and Spain, where but little attention is paid to sanitation, while in England, where the public health is closely looked after, cholera never makes much headway.—*Northwestern Lancet*.

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CLAY-COLORED STOOLS are commonly attributed to a deficiency of bile in the intestinal canal, and form one of the chief symptoms upon which is founded the diagnosis of obstruction to the common duct from the liver and pancreas. No doubt is cast upon the correctness of the inference that the obstruction to the common duct is the cause of the clay-colored stools, but some observations made by Walker, of London, go to show that the secretion of the pancreas is as important as bile in the production of the hydrobilirubin which gives to the fæces their characteristic color. Walker cites two cases in which during life the stools were always colorless or at the most very pale yellow; at the autopsies it was found in both cases that the bile ducts were free while the pancreatic ducts were closed. Experimental studies also showed that hydrobilirubin is the product of the reaction of the pancreatic secretion upon the bile, and that in the absence of the former the coloring matters of the bile are absorbed by the intestines.—*Northwestern Lancet*.

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PROF. LOISETTE'S Memory System is creating greater interest than ever in all parts of the country, and persons wishing to impress their memory should send for his prospectus free as advertised in another column.

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SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Greifswald.

## *Reviews and Book Notices*

A TEXT BOOK ON DISEASES OF THE EYE, by HENRY D. NOYES, A. M., M. D., Professor of Ophthalmology and Otology in Bellevue Hospital Medical College; Executive Surgeon of the New York Eye and Ear Infirmary; Recently President of the American Ophthalmological Society, etc., etc. Royal octavo, 733 pages, richly Illustrated with Chromo-Lithographic Plates and 236 Engravings. Price, bound in extra muslin, \$6., in sheep \$7. New York: William Wood & Co.

This handsome volume is the outgrowth of a treatise on diseases of the eye, published in December, 1881, in Wood's Library of Standard Medical Authors, and is similarly arranged, considering in the first part the general anatomy and physiology of the eye, with its functional disorders, and taking up in the second part inflammation and organic textural changes. The spirit of the book is clinical, but an adequate preparation for clinical and practical work includes a wide range of preliminary knowledge.

In accordance with the practical intent of the book, mathematical formulæ have been omitted; pathology and microscopic anatomy have been presented so far as seemed helpful to an intelligent account of morbid processes; the share which micro-organisms have in exciting diseases of the eye, has been fully recognized; no little labor has been spent in setting forth the relations of the eye to the brain and nervous system, as both illustrations and descriptions testify; the participation of the eye in numerous general diseases or lesions of remote organs, such as the kidneys, the uterus, the heart, etc., and the reflex influence which the eye can sometimes exert upon distant parts have been set forth.

The writer has quoted his own cases and experiences, and stated his own opinions; he has familiarized himself with the work of others, not only in their writings, but pretty largely by personal acquaintance, and drawn freely upon their labors.

Of the illustrations many are familiar, while quite a number have either not previously appeared in ophthalmic text-books, or are original. In depicting diseases of the fundus oculi, black and white have been used for the ordinary lesions, and colored plates have been reserved for special conditions most requiring it.

The letter-press, paper, binding and general mechanical details of the volume are quite in keeping with the customary excellence of Messrs. Wood & Co., and are well worthy so excellent an addition to special medical literature. A very full index of more than twenty pages is an important feature.

**PRACTICAL ELECTRICITY IN MEDICINE AND SURGERY**, by G. A. LIEBIG, JR., Ph. D., Assistant in Electricity, Johns Hopkins University; Lecturer on Medical Electricity, College of Physicians and Surgeons, Baltimore; member of the American Institute of Electrical Engineers, etc.; and George H. Rohé, M. D., Professor of Obstetrics and Hygiene, College of Physicians and Surgeons, Baltimore; visiting Physician to Bay View and City Hospitals; Director of the Maryland Maternité; Associate Editor of the "Annual of the University of Medical Science," etc. Profusely Illustrated, 8 vo., cloth, pp. 400. Price \$2. F. A. Davis, Publisher, 1231, Filbert Street, Philadelphia, 1890.

The importance of electricity in its prescribed applications to medicine and surgery has resulted in quite an outcome of new works, among which this is one of the best.

The part on Physical Electricity, written by Dr. Liebig, one of the recognized authorities on the science in the United States, will treat fully such topics of interest as Storage Batteries, Dynamos, the Electric Light, and the Principles and Practice of Electrical Measurement in their Relations to Medical Practice.

Prof. Rohé, who writes on Electro-Therapeutics, discusses at length the recent developments of electricity in the treatment of stricture, enlarged prostate, uterine fibroids, pelvic cellulitis and other diseases of the male and female genito-urinary organs.

The application of electricity in dermatology, as well as in the diseases of the nervous system, are also fully considered.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS, Consisting of Original Treatises and Reproductions in English of Books and Monographs, Selected from the Latest Literature of Foreign Countries, with all illustrations, etc.; 8 vo., Leatherette, pp. 300; Published Monthly. Price \$10 per Annum; Single Copies \$1. Vol. V, No. 3, March, 1890. William Wood & Co., Publishers, 56 and 58 La Fayette Place, New York, N. Y.

The March number of this excellent series contains the following articles by gentlemen who are all recognized as leaders and authorities in connection with the several subjects considered:

Treatment of Cancer by Electricity, by Dr. J. Ingles Parsons, London.

The Dreadful Revival of Leprosy, by Sir Morell Mackenzie, M. D.

Diseases of Old Age, by Dr. A. Seidel, Berlin.

Urinary Neuroses of Childhood, by Dr. Louis J. Gunion, Paris.

Varicose Veins of the Lower Extremities, by William H. Bennett, F. R. C. S.

Uses of Electricity in Surgery, by W. E. Steavenson, M. D., London.

THE INTERNATIONAL MEDICAL ANNUAL and Practitioner's Index for 1890. Edited by P. W. WILLIAMS, M. D., Secretary of Staff Assisted by a Corps of Thirty-six Collaborators—European and American—Specialties in their Specialists in their Several Departments; 600 oc. pages, Illustrated. Price \$2.75. E. B. Treat, Publisher, 5 Cooper Union, New York.

The eighth yearly issue of this handy reference one-volume manual is at hand. In its alphabetical index of New Remedies and its Dictionary of New Treatment it richly deserves and perpetuates the well-earned reputation of its predecessors. In this volume its corps of department editors has been largely increased, and important papers on Thermo-Therapeutics, Sanitary Science in the city and country, and the Medical Examiner in Life Insurance are features of special interest. It is truly a helpful volume, a *resumé* of the year's progress in medicine, keeping the busy practitioner abreast of the times with reference to the medical literature of the world. While there is a general increase in size and material, the price remains the same, \$2.75.

**ESSENTIALS OF DISEASES OF THE SKIN**, Including the Syphilodermata, Arranged in the Form of Questions and Answers, Prepared Especially for Students of Medicine by HENRY W. STELWAGON, M. D., Ph. D., Attending Physician to the Phila. Dispensary for Skin Diseases, Howard Hospital, etc., with 75 Illustrations, 12 mo. cloth, pp. 270 (Saunders's Question Compends, No. 11). W. B. Saunders, 913 Walnut Street, Philadelpha, Publisher, 1890.

This little volume is principally the outcome of a thorough revision, remodelling and simplification of the various articles contributed by the author to Pepper's System of Medicine, Buck's Reference Handbook of Medical Sciences, and Keating's Cyclopedia of Diseases of Children. The subject is as tersely and briefly considered as is compatible with clearness, and as a means of refreshing the memory, or permanently fixing therein the most important facts of Dermatology it will fill an important place with students of medicine.

**NEUROSES OF THE GENITO-URINARY SYSTEM in the Male**, with Sterility and Impotence, by DR. R. ULTZMANN, Professor of Genito-Urinary Diseases in the University of Vienna. Translated by Gardiner W. Allen, M. D., Surgeon in the Genito-Urinary Department, Boston Dispensary, 12 mo. cloth, pp. 160. Price \$1. F. A. Davis, 1231, Filbert Street, Philadelphia, Publisher, 1889.

This is a very excellent little monograph, and will prove of material value to those who will consult it in the management of a very difficult and refractory class of cases. Professor Ultzmann is a recognized authority, and his sound pathological teachings and successful methods of treatment cannot but prove of material value to those interested.

**ESSENTIALS OF EXAMINATION OF URINE, CHEMICAL AND MICROSCOPICAL**, for Chemical Purposes, Arranged in the Form of Questions and Answers, by LAWRENCE WOLF, M. D., Physician to the German Hospital at Phila., Demonstrator of Chemistry Jefferson Medical College, etc. Colored Plate and Numerous Illustrations; 12 mo. Cloth, pp. 66. Price 75 Cents. W. B. Saunders, 913 Walnut Street, Philadelphia, 1890.

As a useful adjunct to systematic reading, or as a means of quick and ready reference for the student or general practitioner

of medicine, presented in a unique and attractive shape, clean in style and comprehensive in scope, this is an unusually satisfactory condensation. It is a little book that explains the most important practical points of urinary examination clearly, simply and comprehensively.

ESSENTIALS OF GYNECOLOGY, Arranged in the Form of Questions and Answers, Prepared Especially for Students of Medicine by EDWIN G. CRAGER, M. D., Attending Gynecologist to the Roosevelt Hospital, Assistant Surgeon to the New York Cancer Hospital, etc., with 58 Illustrations, 12 mo. cloth, pp. 192. Price 75 cents (Saunders's Question Compends, No. 10). W. B. Saunders, Publisher, 913 Walnut Street, Philadelphia, 1890.

This little unpretentious volume is not intended as a complete dissertation, but as a means of review ; and as a general summary of non-expensive reading, the student will find it of considerable value. It is a compilation of the most important facts, arranged in a thoroughly practical manner, and the ideas and suggestions laid down are those that have been recognized as acceptable.

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## Editorial.

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### AMERICAN MEDICAL ASSOCIATION.

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The forty-first annual session will be held in Nashville, Tenn., on Tuesday, Wednesday, Thursday and Friday, May 20, 21, 22 and 23, commencing on Tuesday at 11 A. M.

"The delegates shall receive their appointment from permanently organized State Medical Societies, and such County and District Medical Societies *as are recognized by representation in their respective State societies*, and from the Medical Department of the Army and Navy, and the Marine Hospital Service of the United States.

"Each State, County and District Medical Society entitled to representation shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number; *provided*, however, that the number of delegates for any particular State, terri-



tory, county, city or town shall not exceed the ratio of one in ten of the resident physicians who may have signed the Code of Ethics of the Association."

*Members by Application.*—Members by application shall consist of such members of the State, County and District Medical Societies entitled to representation in this Association as shall make application to the Treasurer and accompany said application with a certificate of good standing, signed by the President and Secretary of the society of which they are members, and the amount of the annual membership fee, five dollars. They shall have their names upon the roll, and have all the rights and privileges accorded to *permanent members*, and shall retain their membership upon the same terms.

The following resolution was adopted at the session of 1888:

"That in future each delegate or permanent member shall, when he registers, also record the name of the section, if any, that he will attend, and in which he will cast his vote for section officers."

Secretaries of medical societies as above designated are earnestly requested to forward, *at once*, a list of their delegates.

Also, that the Permanent Secretary may be enabled to erase from the roll of names of those who have forfeited their membership, the Secretaries *are, by special resolution*, requested to send him annually a correct list of the membership of their respective societies.

#### AMENDMENTS TO THE BY-LAWS.

Offered by Dr. A. L. Gihon, United States Navy.

That the first day of the meeting of this Association shall be on the first Wednesday of May or June respectively, instead of Tuesday.

By Dr. X. C. Scott, Ohio:

That the Committee on State Medicine be abolished, inasmuch as the Section on State Medicine occupies the entire ground.

#### ADDRESSES

On General Medicine, by Dr. N. S. Davis, Chicago, Ill.

On General Surgery, by Dr. Samuel Logan, New Orleans, La.

On State Medicine, by Dr. Alfred L. Carroll, New York, N. Y.

Committee of Arrangements, Dr. William T. Briggs, Nashville, Tenn.

WILLIAM B. ATKINSON,

*Permanent Secretary.*

#### INSTRUCTION TO DELEGATES.

The following notice from the *Journal of the American Medical Association*, of March 8th ult., and which is authoritative, is published

for the benefit of those who desire to attend the meeting. Read it carefully and comply with its requirements :

“Members of the Association who design to attend the annual meeting at Nashville, May 20, 1890, will be granted a reduction in their return railroad fare only, under the following conditions :

1. Each person must purchase a first-class ticket (either unlimited or limited) through to the place of meeting, for which he will pay the regular tariff fare, and upon request the regular ticket agent will issue to him a certificate of such purpose (Form 2).

2. If through tickets cannot be procured at the starting point the person will purchase to the most convenient point where such through ticket can be obtained, and there repurchase through to the place of meeting, requesting a certificate properly filled out by the agent at the point where the repurchase is made.

3. The reduced rate for the return journey will only apply to points to which through tickets are on sale at the place of meeting, and at which through tickets to the place of meeting were purchased. If through tickets to the starting point cannot be procured at the place of meeting, the person will purchase to the most convenient point to which such through ticket can be obtained.

4. Tickets for the return journey will be sold by the ticket agents at the place of meeting, at one third the highest limited fare, only to those holding certificates (Form 2), signed by the ticket agent at the point where the through ticket to the place of meeting was purchased and countersigned by the Secretary or clerk of the convention, certifying that the holder has been in attendance upon the convention.

5. It is absolutely necessary that a certificate be procured, as it indicates that the full fare has been paid for the going journey, and that the person is therefore entitled to the excursion fare returning. It will also determine the route via which the ticket for return journey should be sold, and without it no reduction will be made.

6. Tickets for return journey will be available for continuous passage only; no stop over privileges being allowed on tickets sold at less than full fare. Certificates will not be honored unless presented within three days after the date of adjournment of the convention.

7. Ticket agents will be instructed that excursion fares will not be available unless the holders of certificates are properly identified, as above described, by the Secretary or clerk, on the certificate, which identification includes the statement that one hundred or more per-

sons, who have purchased full fare tickets for the going passage, and hold properly receipted certificates, have been in attendance at the meeting.

The certificates are not transferable, and the signature affixed at the starting point, compared with the signature to the receipt, will enable the ticket agent to detect any attempted transfer.

N. B. Please read carefully the above instructions, be particular to have the certificate properly filled and certified by the railroad agent from whom you purchase your going ticket to the place of meeting, as the reduction on return will apply only to the point at which such through ticket was purchased."

The local Committee of Arrangements are actively at work and have held several meetings, the last of which at the lecture room of the Vanderbilt Dental Department, on Thursday night, March 20th, was largely attended.

Among other matters considered it was decided to have a general social reception and entertainment at the Capitol, on the evening of May 20th, the first day of the meeting, in order that the doctors and citizens may meet and become acquainted. Dr. G. C. Savage was appointed Chairman of a committee to arrange for music, decorations, refreshments, and other essentials necessary towards having a general good time.

Dr. Morgan, Secretary of the Committee on Halls, Hotels, etc., reported the work of the committee complete, and that the hotels would alone be able to accommodate 2,500 delegates.

The general meetings of the Association will be held in the forenoon of each day at the Vendome Theatre, on Church street, between High and Vine, and convenient to all the principal hotels.

The Sections, which will meet in the afternoons will be held as follows:

Practice of Medicine, J. H. Musser, M. D., of Pennsylvania, Chairman; H. McCall, M. D., Lapeer, Mich., Secretary, at Theatre Vendome.

Surgery and Anatomy, B. G. Watson, M. D., New Jersey, Chairman; J. B. Deaver, M. D., 120 South Eighteenth street, Philadelphia, Pa., Secretary, at Watkins Hall, two doors east of Theatre Vendome, on same side of Church street.

Obstetrics and Diseases of Women and Children, W. W. Potter, M. D., of New York, Chairman; J. Hoffman, M. D., 126 West Dia-

mond street, Philadelphia, Pa., Secretary; Y. M. C. A. Auditorium, on Church street, same side of Church street as Theatre Vendome, and two and a half squares east.

State Medicine, John B. Hamilton, M. D., Surgeon General U. S. Marine Hospital, Chairman; F. S. Bascum, M. D., Salt Lake City, Utah Ty., Secretary, in Sunday school room Christian Church, Vine street, only a few doors south of Church street.

Laryngology and Otology; John O. Roe, M. D., New York, Chairman; Frank H. Potter, M. D., Buffalo, N. Y., Secretary, upper Sunday-school room of First Baptist Church, Broad street, corner Vine.

Ophthalmology, S. C. Ayres, M. D., Ohio, Chairman; E. J. Gardiner, M. D., 70 Monroe street, Chicago, Ill., Secretary, lower Sunday-school room of First Baptist Church, corner Broad and Vine streets.

Diseases of Children, Isaac N. Love, M. D., St. Louis, Mo. Chairman; E. F. Brush, M. D., Mt. Vernon, N. Y., Secretary, Y. M. C. A. Building, Boys' Room, Church street, two and a half squares east of Theatre Vendome.

Medical Jurisprudence, T. B. Evans, M. D., Maryland, Chairman; T. D. Crothers, M. D., Hartford, Conn., Secretary, Sunday school room First Presbyterian Church, on Church street, corner Summer, one and a half squares east of Theatre Vendome.

Dermatology and Syphilography, W. T. Corbett, M. D., Cleveland O., Secretary, in Lecture Room of Medical Department University of Tennessee, Broad street, between High and Vine streets.

Oral and Dental Surgery, J. L. Williams, M. D., D. D. S., Massachusetts, Chairman; Dr. E. S. Talbot, 125 State street, Chicago, Secretary, Sunday-school room of McKendree Church, on Church street between High and Summer streets, in square east of Theatre Vendome.

The Medical Editors' Association will meet in annual session 1919 in the Lecture Room of the Dental Department of Vanderbilt University. The Committee on Dietetics will hold meetings at same place on the four following days.

The exhibition of medical and surgical preparations and appliances will be held at the Broad-street Amusement Hall, near corner Spruce street, and from the number of applications for space on the hands of Dr. J. Berrien Lindsley, Chairman of the Committee Exhibits, it promises to be one of the most attractive and interesting that has ever been held.

All the places of meeting are centrally located, convenient to the principal hotels and accessible from any part of the city by the excellent system of electric street cars, over fifty miles of which are now in active operation.

From all accounts the prospects are most flattering for a full, successful and interesting meeting. All our friends in the various county and local medical societies throughout the State are urged to see that each organization in the State is represented by a full delegation. Tennessee will have a large delegation in attendance, but the physicians and residents of Nashville, would be glad to have every physician of the State on hand to welcome and assist in entertaining their visiting brethren.

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#### FIFTY-SEVENTH ANNUAL MEETING OF THE TENNESSEE STATE MEDICAL SOCIETY.

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The following communication has been received :

OFFICE OF SECRETARY TENNESSEE STATE MEDICAL SOCIETY, CHATTANOOGA, TENN., March 8, 1890.—My Dear Doctor: The Fifty seventh Annual Session of the Tennessee State Medical Society will be held in Memphis, April 8, 9 and 10.

This meeting promises to be more successful and interesting than any yet held.

Several papers other than those mentioned below have been promised, but I have not learned the titles to them.

The Committee of Arrangements authorize me to announce that the sessions of the Society will be held in the Gayoso Hotel, and that hotel rates will be, at the Gayoso and Peabody hotels, \$2.50 per day; at Gaston's and Lurman's hotels, on the European plan, \$1.00 per day for rooms.

A one-third reduction in railroad fare will be given over all roads in the State going to and from Memphis. When buying your ticket to Memphis you will pay full fare and must obtain from the ticket agent a certificate of purchase, which, after being endorsed by the Secretary of the Society at the meeting, will enable you to purchase your return ticket at one-third of the full fare. You are urged to be present.

The following papers have been promised for our meeting :

"Recent Progress in Our Profession." President's Address, by Duncan Eve, M. D., President, Nashville,

"The Triune Man," by G. W. Drake, M. D., Chattanooga.

"Diabetes Mellitus," by P. F. Ford, M. D., Memphis.

"Eye Symptoms in General Medicine," by J. L. Minor, M. D., Memphis.

"A Resume of Surgical Cases in a Country Physician's Practice," by T. J. Happel, M. D., Trenton.

"The Work of the State Board of Medical Examiners," by T. J. Happel, M. D., Trenton.

"The Use and Abuse of Antipyretics," by J. S. Cain, M. D., Nashville.

"Endocarditis and its Differential Diagnosis," by J. A. Wither-  
spoon, M. D., Columbia.

"Report of Eight Ovariectomies in the Last Year," by B. P. Key,  
M. D., Chattanooga.

"Hypermetropia," by N. T. Dulaney, M. D., Bristol.

"Dysentery in Children," by J. P. C. Walker, M. D., Dyersburg.

"Incontinence of Urine in Children," by A. J. Swaney, M. D.,  
Gallatin.

"Blindness," by F. T. Smith, M. D., Chattanooga.

"Pneumonia and its Treatment," by P. H. McKinnie, M. D.,  
Hickory Valley.

"The Abuse of Quinine," by W. C. Bilbro, M. D., Murfreesboro.

"Teeth Extracting," by L. C. Chisholm, M. D., Orlinda.

"Report of a Case of Placenta Previa, with Comments," by W. F.  
Rochelle, M. D., Jackson.

"Report of a Case," by J. H. Blanks, M. D., Nashville.

"Action of Certain New Remedies," by W. M. Vertrees, M. D.,  
Nashville.

"The Importance of Early Treatment in Middle Ear Disease," by  
N. C. Steele, M. D., Chattanooga.

A volunteer paper by Bayard Holmes, M. D., editor of *North  
American Practitioner*, Chicago, Ill.

Volunteer papers will be acceptable.

The Society will gladly welcome within its folds all regular gradu-  
ated physicians living in the State, and we think no such physician  
should remain out. The dues are moderate and each member is fur-  
nished, free of charge, each year, with a printed copy of the Society's  
transactions in book form. Applicants for membership must establish  
the fact that they are regular graduated practitioners of medicine.

Hoping to see you present at our meeting, I am,

Yours truly, D. E. NELSON, Secretary.

**ALETRIS CORDIAL.**—J. E. Prichard, M. D., Baltimore, Md., says : The Aletris Cordial I think a most excellent remedy and have used it in ten cases of suppressed menstruation in all of which with the best results. Among my patients were four unmarried women, one aged twenty years, had her menstruation arrested six months, when she came under my care. She was swollen and suffered considerable pain at each monthly period, but she had no show of any catamenial discharge. I placed her on Aletris Cordial, teaspoonful doses, three times a day. She continued it for seven days, when she menstruated. I ordered her to commence again five days before her expected time to menstruate, which she has done. She is now regular and suffers no pain. Have also used it in cases of vaginal leucorrhea with a happy result. In cases of hysteria which we sometimes find complicated with leucorrhea I have combined it with Celerina.

R. Aletris Cordial.....4 ounces.  
Celerina.....4 ounces.

M. Sig.—Teaspoonful every three hours for one day, then the next would give it four to five hours.

I am happy to say that it has not failed to give relief in all cases in which I have prescribed it.

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GRADUATED PHYSICIANS ALONE ELIGIBLE to membership in the State Medical Society, is the way its Secretary puts it down in his circular of March 8th. Not knowing where he obtained his authority for this statement, we respectfully beg leave to submit the following extracts from the constitution of said Society.

“Art. III., Sec. 8.—Physicians of Tennessee, through the recommendation of the Committee on Credentials, may be elected permanent members of this Society, provided it be done by ballot, and by an affirmative vote of not less than three-fourths of the members present.”

Members of County Society may be sent as delegates to the State Society, and we find the following regarding this class of members:

“Art. V., Sec. 2.—No one shall be admitted as a member of a county society unless he is either a graduate in medicine of some respectable medical school, or has a license to practice from some board recognized by this Society, and moreover, is in good moral and professional standing in the place where he resides, and is a regular practitioner.”

LISTERINE—CLEAR NOTES FROM A SOUND BELL.—In the Editor's Talk of *The Sanitarian* for March, edited by the ablest and most thorough sanitarians of the age, Dr. A. N. Bell, we find the following paragraph:

"Asepsis in the Sick Chamber.—M. Sevestre disinfects the sick chamber with the following liquid used in a vaporizer: Acid thymic, 5 grms.; acid carbol., 10 grms.; alcohol, 100 grms.; aqu., 885 grms."—*Journal de Médecine*.

Listerine is doubtless at least equally as good, and, indeed, probably has no superior as an agreeable as well as efficient antiseptic, so far as efficiency by any means may be practicable for the sick chamber. It consists of the essential ethers and oils of thyme, eucalyptus, baptisia gaultheria, and mentha arvensis in combination with benzo-boracic acid.

The vapor evolved by its use in the sick room, by means of spray or saturated cloths, hung about, is actively ozonifying and rapidly oxidizing in its effects on organic matter afloat in the chamber, while at the same time it imparts an agreeable odor to the atmosphere.

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PONCA COMPOUND OF MELLIER DRUG COMPANY.—After having watched the clinical effects of Ponca Compound in several cases, will state unqualifiedly that it works like a charm. Have been practicing here for seventeen years, and in New York City for fifteen years, and during that time have been seeking continually for a reliable remedy in uterine displacements, Endo-Metritis and Ovarian Neuralgia, but was never able to secure such until I found Ponca Compound. I sincerely trust that every physician might have my fortunate experience with the preparation.

J. JACKSON CRIDER, M. D.,  
Ottumwa, Iowa.

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THE NEW METHOD OF TREATING ORGANIC STRICTURES (Century Chemical Company, St. Louis, Mo.) is attracting wide-spread attention, and it is now a demonstrated fact that the cures are complete and permanent. Microscopic examination of the flakes and shreds brought away by the remedy has revealed the fact that the curative properties depend mainly upon the transformation of fibrous tissues into their characteristic physiological elements of waste, the medicine thus acting in harmony with the *vis medicatrix naturæ*.



WHAT IS THE MATTER WITH KNOXVILLE?—The editorial paragraph in our last number under the above heading has elicited a communication from Dr. E. L. Deaderick, of that city, in which he states :

"I enclose you a card, which you have no doubt seen, but this one marked to show that the 7 and 5 (12) deaths are opposite 'Unknown,' instead of Syphilis. But one death was reported from the latter instead of 12." We are gratified to make the correction, and place the blame where it justly lies—on the "devil" of the printer, who needs very close watching indeed when we come to statistical facts and figures. Health officers and collectors of statistics should closely scrutinize everything that goes out as official intelligence—a very small error is capable of material damage, and the opportunity of correction or explanation which we have afforded our good friends of Knoxville is not always at hand. With thanks to Dr. D., we gladly make the correction.

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"BELAIR."—A private infirmary for the treatment of diseases of females, has recently been established in this city by Drs. J. R. Buist and Richard Douglas. With an experienced matron, careful and efficient nurses, and all needed appliances, thorough satisfaction can be satisfactorily anticipated.

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NUTROLACTIS.—From practical experience we have ascertained that this preparation made from Galega-Officinalis, Galega Apolenia and Galega Tephrosæ by the Roseberry Nutrolactis Company, of 18 Cortlandt Street, New York, is a most efficient and reliable galactagogue. It has in every instance increased a scanty supply to a full and nutritive abundance, and prevents the resort to artificial substitutes for feeding the baby.

The infant thriving, yes, laughing and growing fat, after resort to this valuable preparation by the mother. It is far ahead of any preparations of malt, or malt liquors, in increasing the supply of rich and nutritious milk.

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BURNHAM'S CLAM BOUILLON is a most excellent material for making a nutritious and easily digested clam broth.

HOFF'S MALT-TARRANT'S.—We are gratified to learn that Mr. Leopold Hoff, who introduced the original Hoff's Malt Extract into the United States in 1866, was awarded a silver medal at the Melbourne, Australia, Exhibition in 1888, and a bronze medal at the Industrial Exhibition at Hamburg, Germany, in 1889, for the superior excellence of his Malt Extract. At the latter exhibit he also received a special award of honor.

This original preparation can also be obtained in the United States under the style of "Hoff's Malt Extract, Tarrants," and is always to be relied upon when practitioners are in need of a safe, palatable, nutrient tonic.

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IN A CASE OF ACUTE NEURALGIC HEADACHE I used Peacock's Bromides with complete success, and find it to be the best nerve sedative prepared.

F. F. HENWOOD, M. D.,  
Thompson, Pa.

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GLYCERINE SUPPOSITORIES, as manufactured by Eli Lilly & Co., are remarkably convenient and excellent, inasmuch as the covering is impervious to moisture, unchangeable and easily removed, preserving the suppository in all climates. The constitution of the suppository is so modified as to cause no irritation of the rectum.

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HORSFORD'S ACID PHOSPHATE has been used with good effect in diseases of the liver and biliary disorders, when an acid treatment is indicated, and has proved especially beneficial in chronic hepatic affections. By its action it stimulates the liver and promotes an increased flow of bile.

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DOCTOR, if you have any case in which nutrition in the most easily assimilable form is a "sine qua non," send a postal card to the Malted Milk Co., Racine, Wis., and ask for a sample of Malted Milk, and you will be pleased with its effect.

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Aletis Cordial . . . . .	177
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I know not how I could better occupy the few minutes allowed me on this occasion than by inviting, in a purely suggestive form, your attention to the recent progress in our profession. And yet, in attempting the performance of this duty, I am admonished that there are so many members of the society more familiar than I am with the theory and practice of medicine, that prudence, as well, I trust, as a becoming degree of modesty, requires that I direct your attention to that branch of our profession to which I am exclusively devoted. I therefore beg your indulgence while briefly alluding to the recent progress in surgical science. The courage, the prudence, the wisdom, the patient industry, the zeal, the accurate observation, the critical examination, the continuous contemplation, the superior learning, and the great ability engaged in the advancement and development of this department of our noble science and art have been crowned with the happiest results.

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any part of bone in the body, and with an adaptation of  
 agencies and manipulations so complete, and a restoration  
 of the surrounding tissue will forget to complain, and  
 in its renewed condition will confess an unconsciousness  
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in, it exclaims: I will sieze the electric spark and teach  
 fail to be explore the exhausted nerve and give new life while it

, or with a delicacy and refinement of touch which blade or  
 its establish, of steel, or thread of fibre, or metal in the hands of the

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the opera, gent of cautery or elimination, with a directness so true, and  
 in two dis, ecision so just, that even adjacent blood vessels will not be

oyed by its presence. Or, disconnecting its white light from  
 missing a company of heat, I will send it into the human cavities and

and mine, until the eye can gaze upon them as if they were exter-  
 posed and basking in the rays of the sun.

As with a vice I will grasp the "human form divine," and  
 nothing it into anæsthetic repose, I will lop limb after limb,

I will scarcely more than half the original self remains, and yet so  
 gain and preserve its vitality, that even the prospect of longev-  
 ity will not be threatened.

**HOFF'S MALT-TARRANT'S.**—We are gratified to learn that Mr. Leopold Hoff, who introduced the original Hoff's Malt Extract into the United States in 1866, was awarded a silver medal at the Melbourne, Australia, Exhibition in 1888, and a bronze medal at the Industrial Exhibition at Hamburg, Germany, in 1889, for the superior excellence of his Malt Extract. At the latter exhibit he also received a special award of honor.

This original preparation can also be obtained in the United States under the style of "Hoff's Malt Extract, Tarrants," and is always to be relied upon when practitioners are in need of a safe, palatable, nutrient tonic.

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F. F. HENWOOD, M. D.,  
Thompson, Pa.

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HORSFORD'S ACID PHOSPHATE has been used with good effect in diseases of the liver and biliary disorders, when an acid treatment is indicated, and has proved especially beneficial in chronic hepatic affections. By its action it stimulates the liver and promotes an increased flow of bile.

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operation, a geon can never equal, I will send it through the structures as  
vo times, agent of cautery or elimination, with a directness so true, and  
precision so just, that even adjacent blood vessels will not be

moyed by its presence. Or, disconnecting its white light from  
g the pr company of heat, I will send it into the human cavities and  
of a p lumine, until the eye can gaze upon them as if they were exter-  
upon me, al and basking in the rays of the sun.

of compl As with a vice I will grasp the "human form divine," and  
smoothing it into anæsthetic repose, I will lop limb after limb,  
shown to until scarcely more than half the original self remains, and yet so  
had any retain and preserve its vitality, that even the prospect of longev-  
two in ity will not be threatened.

HOFF'S MALT-TARRANT'S.—We are gratified to learn that Mr. Leopold Hoff, who introduced the original Hoff's Malt Extract into the United States in 1866, was awarded a silver medal at the Melbourne, Australia, Exhibition in 1888, and a bronze medal at the Industrial Exhibition at Hamburg, Germany, in 1889, for the superior excellence of his Malt Extract. At the latter exhibit he also received a special award of honor.

This original preparation can also be obtained in the United States under the style of "Hoff's Malt Extract, Tarrant's," and is always to be relied upon when practitioners are in need of a safe, palatable, nutrient tonic.

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IN A CASE OF ACUTE NEURALGIC HEADACHE I used Peacock's Bromides with complete success, and find it to be the best nerve sedative prepared.

F. F. HENWOOD, M. D.,  
Thompson, Pa.

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GLYCERINE SUPPOSITORIES, as manufactured by Eli Lilly & Co., are remarkably convenient and excellent, inasmuch as the covering is impervious to moisture, unchangeable and easily removed, preserving the suppository in all climates. The constitution of the suppository is so modified as to cause no irritation of the rectum.

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HORSFORD'S ACID PHOSPHATE has been used with good effect in diseases of the liver and biliary disorders, when an acid treatment is indicated, and has proved especially beneficial in chronic hepatic affections. By its action it stimulates the liver and promotes an increased flow of bile.

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DOCTOR, if you have any case in which nutrition in the most easily assimilable form is a "sine qua non," send a postal card to the Malted Milk Co., Racine, Wis., and ask for a sample of Malted Milk, and you will be pleased with its effect.

*versa*. So we find in the human being, in all zymotic diseases, when the fermentitial microbe is introduced into the blood, there finding its natural element, its development or multiplication begins, and the immediate elevation of temperature takes place. Just in proportion to the activity of this multiplication of disease cells, their rapidity of development, so is the fever higher, and the symptoms graver.

While we recognize the fact that this analogy is not complete, on account of fermentitial cells in the wine vats having to deal purely with inert or dead matter, and in the animal organism they have to contend with the living cells which possess wonderful catalytic powers within themselves, and are therefore able to resist or counteract in a great measure, the fermentation process; yet the results of numbers of experiments have completely proven the process to be the same.

The greater the resisting powers of the living cells, the milder the disease, on account of a less degree of fermentation. It appears, therefore, perfectly clear that well-nigh all disease is due to fermentation; whether it be a small suppurating wound or yellow fever. In one instance, an increase of unnatural cells in a part—in the other, in the system.

It therefore seems plain, that in order to arrest the progress of any particular disease, it is but necessary to stop the development of these foreign microbes. Having done this, the active cause of all the symptoms has been removed, and a return to health must necessarily be the result.

If then we can introduce into the blood, or apply to a given part, any substance that will destroy the life of these disease germs, we will have reached the perfection of scientific treatment.

From the experiments of Dr. Calvert, it is now known that the salts of quinine in solution will destroy all vegetable fermentation; the salts of mercury in solution, all animal fermentation; and a solution of pure carbolic (phenique) acid, both.

The only question remaining, in the face of these facts, for us to decide, is as follows:—Can we put a sufficient amount of carbolic acid in the blood, to arrest and prevent the growth of disease germs, with safety to our patient? The answer is cer-

tainly in the affirmative. The accidents heretofore attributed to carbolic acid have been due to its impurity, more than to the quantity given. If absolutely pure it is a safe and efficient remedy; if in the least degree impure, it is a very dangerous one.

The essential claim of Dr. Declat, whose preparations of phenique acid I have used both internally and externally, for the last ten years with most gratifying results, is that the toxic symptoms which follow the use of carbolic acid, are due less to the drug itself than to the impurities often present, viz., cresylic and rosacic acids; and the perfectly pure phenique acid can be used internally, or even hypodermatically, in sufficient quantities to obtain its antiseptic effect in the system, without any danger from its use.

While I do not usually advocate any particular make or brand of medicine, yet I have always prescribed Declat's preparations of Phenique, for the reasons that he is careful to have pure material, and chiefly because he has them already prepared for pleasant administration. For example, The Syrup of Ammonia-Phenate, Iodo-Phenique, Sulpho-Phenique, Nascent-Phenique; and for local application Glyco-Phenique.

There are two minor effects of carbolic acid which should claim our attention here: One is a constipating influence; the other, a tendency, in a slight degree to diminish the fluidity of the blood. The first, can be easily overcome by laxatives; the second, by combining with the acid something that will in a degree, counteract the tendency of the acid, as well as the fever, to thicken the blood; so we have in the combination with ammonia (Ammonia-Phenate), a remedy which accomplishes this; and stimulates at the same time.

Thus far we have dealt with this subject almost from a theoretical standpoint. Now let us look at its practical application. For the past ten years I have employed Phenique acid as my chief remedy in all cases of malarial, typhoid and scarlet fevers, diphtheria, erysipelas, blood poisoning; and as a local application to all wounds, whether the result of accident or surgical operation, and have found the result so satisfactory that there is little left to be desired. I present here (which you will pass



around and examine), the photograph of a finger, taken ten days after the injury, which was treated by keeping absorbent cotton saturated with a one to four solution of Glyco-Phenique, closely and constantly applied to it. The patient suffered no pain after the first night, took no anodyne thereafter, and made a splendid recovery. The cause of the accident was getting the finger into a mattress machine, and having it mashed by cog-wheels.

In May 1886, I removed a schirrus breast, in the private department of the Nashville City Hospital, the incision being ten inches in length, extending into the axilla.

The wound was dressed with the one to four Glyco-Phenique solution, with the result of no suppuration, no unpleasant odor, and perfect healing in ten days. These are but two examples of many such cases since we have been following this plan of treatment.

In typhoid fever, for example, we never had a diarrhœa, a hæmorrhage, never a serious tympanitis, never a death. In conclusion, let me say, that I believe with Phenique acid, and antifebrin as an aid, we possess the treatment, *par excellence*, of all zymotic diseases.

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## *Selections.*

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**THE SUBCUTICULAR SUTURE.**—This is the name given by Mr. Kendall Franks to a method of suturing wounds, especially small wounds about the neck and face, where it is desirable, for cosmetic effect, to leave as little trace as possible in the form of a scar. The suture is a continuous one, and fine catgut must be used and a fine curved needle. The needle must be passed horizontally, and at the cut edge of the wound, not at a distance from the edge, as in ordinary suturing. The author's description, in the British Medical Journal, is as follows: "I begin at a point about a quarter of an inch from the upper angle of the wound. The needle is passed horizontally underneath the epidermis of the skin into the cutis vera, and emerges again from

the cutis vera at the angle of the wound itself. It is then passed in a similar manner into the cutis vera alone of the opposite side of the wound, beginning at the extreme angle and emerging at a point a quarter of an inch from it. The catgut is drawn through so as to leave just enough at the first point of entrance to enable it to be tied to the portion of the suture which holds the needle. This forms a starting-point. The needle is again inserted horizontally into the true skin, beginning immediately below the first point of entrance, and comes out again a quarter of an inch lower down; it is then passed similarly into the other edge of the wound at a point corresponding exactly to the last point of emergence on the opposite side, being brought out again a quarter of an inch lower down. This method is continued until the lower angle of the wound is reached." Of course, as the suture is tightened the cutaneous edges of the wound will be brought into close and even apposition. An experience of several years with this method, especially in connection with wounds made for the removal of scrofulous glands in the neck, has satisfied the author of its utility. It also has the indorsement of such well-known men as Dr. Clifford Albutt and Mr. Pridgin Teale. It is but another form of buried suture, and certainly must require very delicate manipulation, a very fine needle, and aseptic catgut in order to insure a successful result. It is well conceived, and does away not only with the blemish of a linear scar in a conspicuous place, but also with the equal unsightliness of stitch marks. As the author remarks, this is not a slight consideration for women or for men with whom occupation or fashion interferes with their allowing the hair to grow in the vicinity of such disfigurements.—*New York Medical Journal*.

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THE ANATOMICAL CHARACTERS, NOMENCLATURE AND TREATMENT OF THE DIARRHOEAL DISEASES OF INFANCY.—Dr. L. Emmett Holt, read a very excellent paper on the above subject to the N. Y. Academy of Medicine.

Dr. Holt's paper was based on pathological and clinical observations of seventy cases of these diseases occurring in his hospital service, and in nearly all these cases an autopsy had

been made, his observations extending over a period of two years. Dr. Holt dwelt strongly on the necessity of a new nomenclature for the diseases of children. Perhaps the simplest pathological division that could be made would be into diseases which possess lesions and those which do not. For clinical and descriptive purposes, the nomenclature should be reformed, the same name being used by various authors to indicate totally different diseases.

That many of the diarrhœas are the result of germ infection should be recognized, named and grouped together as mycotic diarrhœas.

Other diarrhœas were the result of acute and chronic dyspepsia, others of catarrhal processes, while in still others there were marked pathological changes, such as follicular ulcerations, enterocolitis, enlargement of the solitary glands, or the formation of a croupous membrane.

His autopsies had all been made shortly after death, some as early as two hours, to obviate the port-mortem changes.

The commonest complications he found in these cases was broncho-pneumonia. One point on which he would lay particular stress was in the use of the name dysentery. Dysentery was a misnomer; and but a symptom common to several forms of intestinal ulceration and should not be used to indicate a disease. —*Times and Register*.

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**TREATMENT OF GANGLIONS.**—Ganglion is the name given to an enlarged bursa which is developed in connection with one of the tendons, being most common on the back of the hand, or on the extensor tendons of the thumb. It forms a little hard swelling on the back of the joint, and often causes a degree of weakness of the hand which seems out of all proportion with the seeming triviality of the affection.

In olden times the treatment of ganglionic swellings was to give it a smart blow with a book or other body. We adopt in a great preference to this coarse and old-fashioned treatment which was not only less certain and more painful but unnecessarily rough and ursurgical, the following, which rarely fails to obtain

an early, if not an immediate cure. Its object is to evacuate the *entire* contents of the cyst, and to bring its opposite surfaces into perfect apposition with each other. It is a small operation; but on the delicacy of its performance its success materially depends. Bending the hand forward in order to tighten the skin over the cyst we would pass vertically into the center of the tumor a broad shouldered lancet. By a lateral movement of the instrument the orifice will be dilated, and the contents will freely escape. Now it is indispensable to the obliteration of the cyst that the whole of it should be evacuated—every drop and every fraction of a drop, to effect which the sac must be compressed and kneaded in every direction. We therefore then apply a well made, thick compress of lint, and strap it down tightly with good plasters, and lastly apply a roller. In forty-eight hours the wound is healed, and the ganglion is seen no more. We are led to allude to this subject, by the fact that during the last six months we have seen a dozen or more of these little bodies—more than we had before seen in as many years.—*Massachusetts Medical Journal*.

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**TREATMENT OF LONG-STANDING DISLOCATION OF BOTH SHOULDERS.**—Sir Joseph Lister reports two cases of dislocation of both shoulders remaining unreduced at the end of eight weeks and seven months respectively. Having ruptured the axillary artery in a case of the same sort, he decided to cut down upon the bone before trying to reduce it. He made an incision from the coracoid process downward and somewhat outward, in the interval between the deltoid and pectoralis major, and divided the tendon of the subscapularis at its insertion, and then with a periosteum elevator separated the soft parts from the head of the bone and the inner part of its neck. Pulleys were then applied, and as this traction showed some fibrous bands that were put on the stretch, these were divided. As the head of the bone would not return to its position it was protruded through the wound, as for resection, and the external rotators cut through at their insertion. Then after the several attempts with pulley traction, the bone was returned to the glenoid cavity. The wound healed

kindly. A week later the other shoulder was operated on in a like manner, except that the head of the bone was immediately protruded and the rotators divided. In seven weeks after the operation the patient was able to dress himself alone, and from that time continually gained power in the arms.

In the second case the same operation was done on the left arm seven months after the injury. The right arm was not operated on until six months later. In this case, instead of detaching the soft parts from the bone, the head of the bone was removed with a chisel, when the bone went readily into place. After this procedure, the return of function did not seem to be as rapid and complete as where the bone was left intact. Both cases after the operation were able to earn their living by hard manual labor.

As a result of this experience, Lister advises that when the surgeon feels in doubt as to whether it is prudent to make attempts at reduction, or when such attempts do not succeed, he should, in the first place cut down upon the bone by the usual incision from the coracoid process downward and a little outward, and then with a curved periosteum-detacher freely separate the soft parts from the inner side of the upper end of the humerus. If this fails, he may proceed to turn out the head of the bone, detaching the insertions of the rotator muscles. Even if this procedure fail, the removal of the head of the bone is open to us.—*Brit. Med. Jour.*, Jan. 4, 1890.

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**THE NEW CONTAGIOUS DISEASES LAW.**—The following bill, having passed both houses of Congress, was signed by the President on March 28th :

An Act to prevent the introduction of contagious diseases from one state to another and for the punishment of certain offenses.

*Be it enacted by the Senate and House of Representatives of the United States of America, in Congress assembled, That* whenever it shall be made to appear to the satisfaction of the President that cholera, yellow fever, small-pox, or plague exists in any State or Territory, or in the District of Columbia, and that

there is danger of the spread of such disease into other States, Territories, or the District of Columbia, he is hereby authorized to cause the Secretary of the Treasury to promulgate such rules and regulations as in his judgement may be necessary to prevent the spread of such disease from one State or Territory into another, or from any State or Territory into the District of Columbia, or from the District of Columbia into any State or Territory, and to employ such inspectors and other persons as may be necessary to execute such regulations to prevent the spread of such disease. The said rules and regulations shall be prepared by the Supervising Surgeon-General of the Marine-Hospital Service, under the direction of the Secretary of the Treasury. And any person who shall willfully violate any rule or regulation so made and promulgated shall be deemed guilty of a misdemeanor, and upon conviction shall be punished by a fine of not more than five hundred dollars, or imprisonment for not more than two years, or by both, in the discretion of the court.

SEC. 2. That any officer, or person acting as an officer or agent of the United States at any quarantine station, or other person employed to aid in preventing the spread of such disease, who shall willfully violate any of the quarantine laws of the United States, or any of the rules and regulations made and promulgated by the Secretary of the Treasury as provided for in Sec. 1 of this act, or any lawful order of his superior officer or officers, shall be deemed guilty of a misdemeanor, and upon conviction shall be punished by a fine of not more than three hundred dollars, or imprisonment for not more than one year, or both, in the discretion of the court.

SEC. 3. That when any common carrier or officer, agent, or employee of any common carrier shall willfully violate any of the quarantine laws of the United States, or the rules and regulations made and promulgated as provided for in Sec. 1 of this act, such common carrier, officer, agent or employee, shall be deemed guilty of a misdemeanor, and shall, on conviction, be punished by a fine of not more than five hundred dollars, or imprisonment for not more than two years, or both, in the discretion of the court.

**SALOL IN THE GASTRO-INTESTINAL DERANGEMENTS OF CHILDREN.**—Salol is an easily administered, safe, drug, in the first stage of acute gastro-enteritis in children, and in more chronic forms of entero-colitis, accompanied by slimy, bad-smelling evacuations. In the acute condition, it is necessary to keep the stomach at rest and administer two or three doses of salol within five or six hours. For the more chronic state of catarrh it is best given in somewhat larger doses before meals. In frequent serous discharges, and in colitis, the salol does not produce the same good results as in the cases mentioned above, and its effect is uncertain, not being so rapid or so sure as an opiate.

In dysenteric disorders it cannot be relied on. It seems, then, that salol acts best in morbid conditions, due to fermentation and decomposition in the stomach and upper bowel, and that it diminishes in power as it passes through the large intestine.—Walter Lester Carr, M. D., in *Arch. of Ped.*

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**A NEW METHOD OF TREATING FRACTURED PATELLA.**—At a recent meeting of the Clinical Society of London, Mr. Mayo Robson showed a patient (a young woman) on whom he had operated by a novel method to secure bony union in a case of fracture of the patella. The skin over and around the joint was cleansed and rendered aseptic and the joint then aspirated. Drawing the skin well over the upper fragment, a long steel pin was passed through the limb from one side to the other, just above the upper border of the patella. The limb being similarly transfixed just below the patella, gentle traction on the pins brought the fragments into apposition. Antiseptic dressing was applied, and left undisturbed for three weeks; when it was removed there was no sign of irritation and the temperature had never been above normal. As the fragments seemed well united the needles were withdrawn, a plaster-of Paris splint applied, and the patient allowed to go home. Mr. Robson observed that the only precaution necessary was to draw up the skin over the upper fragment in order to avoid undue traction upon it when the fragments were approximated. If there was much effusion in the joint it would be desirable to aspirate.—*Med. Rec.*

**GENERAL TREATMENT OF SYPHILIS BY EXTERNAL APPLICATIONS.**—For many reasons, it is important to be able to substitute some other method of medication in syphilis to the usual ingestion of the mercurial salts by the mouth ; something more simple, and less irritating to the digestive organs ; and this is the reason why, after careful trial had been made of all the newer methods of administration of mercury, that most authors have lately advised the use of mercurial ointment. But here, again, several objections have been made. First of all, it is a dirty method, and it had to be renewed every day, while the last part used had to be washed. This led to patients not caring to attend to their treatment strictly, and for hospital patients to shirk whenever they could. Only at watering places, like Aix La Chapelle, where the bath men rub the ointment into patients before their daily bath, can this treatment be thoroughly carried out. As it is important to treat these patients not only thoroughly, but also in spite of themselves, the hypodermic injection of insoluble mercurial salts has been practiced ; but the pain this method caused, not to speak of the abscesses, or, at least, hardening of the part injected, has caused the almost complete cessation of this treatment. To turn, as it were, the difficulty, Prof. (agrègè) Quinquaud makes use of, in his hospital service, a *calomel plaster*. Calomel, applied to the skin, is transformed, little by little, into corrosive sublimate, by the chloride of sodium in the sweat, so that the patient has a permanent supply of bichloride of mercury by wearing these plasters.

It is prepared as follows : Diachylon plaster, 800 grammes, to calomel, 300 grammes. The mixture is spread out thinly on a cloth, which is cut up into pieces of ten by twenty centimeters for men ; and in pieces of ten by ten centimeters for women's use. This is applied on any part of the body where the skin is thin, and kept on as long as possible. The absorption of the drug by the skin is proved by the examination of the urine, which shows mercury, and also by the fact that the syphilitic manifestations are rapidly improved, and salivation can also be produced. This is easy to prevent by stopping the use of the plaster in time, or by using it in smaller pieces. This new way



of using an external method of treatment that cannot be shirked, and also is no bother to patients, presents considerable advantages that are seen at once, and we shall be able later on to give more exact details of the results of its use at the St. Louis Hospital here.—*Paris Letter in Phila. Med. Times and Register.*

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**SOFT CHANCER.**—I invariably, and the first thing, pack a chancrous sore with salicylic acid. It does better than anything else, and in most cases healing rapidly follows. When the chancre evinces a disposition to enlarge, I wash with liquid hydrastis, and then fill with boracic acid and bismuth, equal parts.

A solution of chloral hydrate often answers admirably as a local application in spreading chancre. But when I find such a one bound to go to the "demnition bow-wows" anyway, I fill it with potassium chlorate reduced to an impalpable powder. The suffering induced is next thing to squeezing the man's testicle, but the good work done by the chlorate in these cases is truly deserving of monumental honor. I have in this way relieved the worst cases that can be imagined.—J. H. DeWolf M. D. in *Medical Age.*

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**THE INFLUENCE OF HOT BATHS ON THE ELIMINATION OF MERCURY IN THE URINE.**—Dr. Borovsky, of Kieff, has carried out a long series of clinical experiments on twenty-eight syphilitic patients, in order to study the influence of heat on the elimination of mercury from the system through the kidneys. He has employed ordinary hot water baths (28°–34° Reaum., of thirty minutes' duration), artificial sulphur baths (30°–34° Reaum., of twenty or thirty minutes' duration), and hot-air baths (60°–80° Reaum., of fifteen to thirty minutes' duration). The principal results of his investigations may be summarized as follows: (a) Both tepid and hot-water baths, as well as sulphur and hot-air ones, invariably increase the elimination of mercury in the urine; (b) the elimination proceeds the more energetically, the higher is the temperature to which the patient is exposed; (c) a mercurialized organism actually can be completely freed from mercury by the means of a systematic employment of heat in one

form or another; (d) in such cases, where the elimination of mercury ceases spontaneously, it can be made to reappear by the use of hot baths; (e) mercurial stomatitis can be cured by heat more quickly than by other means; (f) hot air baths, while inducing an enormous perspiration, promote the elimination of mercury also through the sweat glands; (g) a simultaneous treatment of syphilis by mercury and heat may sometimes effect cure more quickly than a mercurial treatment alone; (h) in patients with diseased vascular systems the use of hot water requires great caution.—)Ch. Szadek, *Inaug. Dissert., British Journal of Dermatology.*)

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WHY IS A MISCARRIAGE MORE DANGEROUS THAN A NATURAL LABOR AT TERM?—Prof. William Goëdell, in a recent clinical lecture (*Practice*, Feb. 20th 1890,) answers this question as follows: Because the very fact of a miscarriage implies some leison—something abnormal; because, the placenta not being fully formed, the chorion villi are attached to the whole surface of the womb and some portions of the membrane are liable to remain behind and cause either hemorrhage or septicæmia. Then again, the cervix is not effaced, and the small canal is liable to close up on the retained fragments. A criminal abortion is still more dangerous, because gestation is abruptly interfered with before any detachment of the membranes has taken place, and their retention is therefore far more likely to happen than in an honest miscarriage. A stung or decayed apple falls from its bough at the slightest breeze; while to pull off a healthy green one, demands a force which often snaps the bough from which it hangs. This illustrates the difference between a natural miscarriage and a criminal abortion. In the former, the process of detachment is slow and usually complete. In the latter, the detachment is violent, incomplete and traumatic. The result is, retention of the membranes, from which come serious hemorrhages and still more serious septic infections. Should the patient fortunately escape these, she hardly will escape an arrest of involution, and its resulting discomforts.—*The College and Clinical Record.*

**TURPENTINE IN POST-PARTUM HÆMORRHAGE.**—"For a number of years," writes a correspondent, "I have used spirits of turpentine in post-partum hæmorrhage, and in every case with the best results. When the ordinary means, that is, friction over the uterus, irritation of the uterus by introduction of the fingers, cold hypodermic injection of ergotine, etc., failed, by saturating a piece of lint with the turpentine, and introducing it with my hand into the uterus and holding it against the walls, rapid contraction took place, and all hæmorrhage instantly ceased. In one or two cases, when the patient was almost pulseless it seemed to act as a stimulant. On no occasion did its action fail, nor did it cause the slightest inconvenience, except in one, when the side of the patient's thigh was slightly blistered by some that came in contact with it, but it gave very little annoyance. I consider it to be much quicker and safer in its action than any other remedy; it does not cause any injurious result, and besides it is much more easily applied. In country practice, getting hot water or using injections often entails loss of valuable time.—*Lancet*.

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**GENERAL MEDICATION IN THE TREATMENT OF SKIN DISEASES.**—Dr. A. H. Ohmann-Dumesnil, in the *St. Louis Clinique*, January, 1890, says that general medication is frequently of more importance in the treatment of skin diseases than local measures, and he cites an example of a strumous child of eight years suffering from eczema and tinea tarsi who was cured by the internal administration of cod liver oil. We cannot let this opportunity pass without expressing our gratification at thus seeing a specialist for the skin advocating general treatment. With the exception of parasitic diseases, there are no diseases of the skin in which local treatment is absolutely necessary, while even in many parasitic diseases constitutional treatment is very beneficial.—*Canada Medical Record*.

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**PROF. PARVIN** regards creolin as preferable to any other antiseptic in obstetrics. He employs it in the strength of one teaspoonful to a pint of water.—*Cincinnati Lancet and Clinic*.

## *Reviews and Book Notices*

DISEASES OF WOMEN, AND ABDOMINAL SURGERY, by LAWSON TAIT, F. R. C. S. Edin. and Eng., L. L. D., Vol. 1., 8 vo. cloth; pp. 547. Three plates and 62 illustrations. Price \$3.00, Lea Brothers & Co., Publishers, Philadelphia, Pa., 1889.

Lawson Tait has many admirers in America, and although roundly abused both here and on the other side of the herring pond, by some, for when can a man of so much positivism escape censure, his work will be highly welcomed by all, and appreciated by many. His claims have met with much opposition and unbelief, but time and more extended experience, the use of antiseptics and the broader possibilities of abdominal surgery demand that his statements be received with far more consideration than would have been deemed possible half a score of years ago.

In his preface he pays a very handsome tribute to his American admirers, whom he states have materially aided him in what he has accomplished.

The plan of the work is not as elaborate as some works on similar topics by other writers, he says: "My chief object is to offer the results of my own experience in as condensed a form as possible." It is essentially a report of his own, how he has done it, and what he has accomplished thereby; and as such it can but be admired and highly esteemed, no matter how much one may differ with him in his views.

The relations existing between abdominal surgery and gynecology according to his views, may be readily estimated by his statement that "the old-fashioned mechanical school—the teaching of the speculum, the caustic stick, and the pessary has been practically killed, and an advanced eclecticism now prevails instead."

He considers the diseases of the genital organs in the following order: *mons veneris*; *vulva*; *vagina*, *urethra* and *bladder*; *uterus*; *broad ligaments* and *mesentery*; *fallopian tubes*; *ovaries*; *pelvic bones*; *liver* and *gall bladder*; *kidneys*; *spleen* and *pancreas*; *colon*, *rectum*, *cæcum* and *small intestines*; *breast*. A full and copious index completing the work.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS, Consisting of Original Treatises and Reproductions in English of Books and Monographs, Selected from the Latest Literature of Foreign Countries, with all illustrations; 8 vo., Leatherette, pp. 292, Vol. VI, No. 1, April, 1890. Published Monthly. Price \$10 per Annum; Single Copies \$1. William Wood & Co., Publishers, 56 and 58 La Fayette Place, New York, N. Y.

The April number of this excellent series contains the following valuable articles:

The Human Foot: Its form and structure, function and clothing, by Thomas S. Ellis.

Modern Cremation: Its history and practice, by Sir. H. Thompson, F. R. C. S.

Aphasia: A contribution to the subject of the dissolution of speech from cerebral disease, by James Ross, M. D., L. L. D.

THE PULSE. By W. H. BROADBENT, M. D., Fellow of the Royal College of Physicians; Senior Physician to, and lecturer on Clinical Medicine in the Medical School of St. Mary's Hospital; Consulting Physician to the London Fever Hospital; Late President of the Clinical, Medical and Harveian Societies. Illustrated with 50 Sphygmographic Tracings. Lea Brothers & Co., Publishers, Philadelphia, 1890.

This is another of the series of clinical manuals. It is needless to refer to the importance of the subject—the indications of the pulse are always carefully watched in the course of every acute disease. For the physician to fail to examine the pulse as well as to look at the tongue is almost to offer an insult to the patient. This work gives a clear and full exposition of the voucher of the pulse in acute diseases and the interpretation to be placed thereupon. It is a most excellent work and will prove of extended use.

SOME OF THE FALLACIES CONCERNING SYPHILIS, by E. L. KEYES, M. D. (Physician's Leisure Library Series) 12 mo. paper, pp. 71. Price, paper 25 cents; cloth 50 cents. Geo. S. Davis, Detroit, Publisher, 1890.

This is a very interesting little work indeed, and coming as it does from the hands of one of the ablest syphilographers of the

day, it will be of material value in disabusing the mind of a series of errors that are perhaps somewhat traditional, and to some extent due to incorrect teachings of the past ages. His views in regard to the Hot Springs of Arkansas are correct and in accordance with established facts.

**ESSENTIALS OF FORENSIC MEDICINE, TOXICOLOGY, AND HYGIENE**, by C. E. ARMAND SEMPLE, B. A., M. B. Cantab.; L. S. A., M. R. C. P. Lond. 12 mo. cloth, pp. 196. With one hundred and thirty illustrations. (Sander's Question Compends). W. B. Sanders, 913 Walnut St., Philadelphia, Pa., Publisher.

At the present time, when the field of medical science, by reason of rapid progress, become so vast, a book which contains the essentials of any branch or department of it, in concise yet readable form, must of necessity be of value. This little brochure, as its title indicates, covers a portion of medical science that is to a great extent too much neglected by the student, by reason of the vastness of the entire field and the voluminous amount of matter pertaining to what he deems more important departments. The leading points, the essentials, are here summed up systematically and clearly.

**FOOD IN HEALTH AND DISEASE.** By I. BURNET YEO, M. D., F. R. C. P., Professor of Clinical Therapeutics in King's College, London, and Physician to King's College Hospital. Lea Brothers & Co., Publishers, Philadelphia.

This is a most admirable hand-book for the practitioner that will serve as a guide in the proper adaptation of food in health and disease. The question of food is very frequently a puzzling one to the physician, and its important bearing upon the issue of diseased conditions cannot be over estimated. The author is to be congratulated upon his success in having condensed in such small bulk as much important information. The work is divided into two Parts: Part I treats of Food in Health; Part II of Food in Disease. This volume belongs to the well known series of clinical manuals for practitioners and students of medicine.

## *Editorial.*

### FIFTY-SEVENTH ANNUAL MEETING OF THE TENNESSEE STATE MEDICAL SOCIETY.

*Held at Memphis, Tenn., April 8th and 9th, 1890.*

The Tennessee State Medical Society met April 8th inst., in the ladies ordinary of the Gayoso Hotel, a reasonably fair number of members being in attendance. Promptly at 10 o'clock, the President of the Society, Dr. Duncan Eve of Nashville rapped his gavel for order, and Dr. Spruille Buford, rector of Calvary Church, was introduced and opened the meeting with prayer.

Dr. Buford's prayer was a brief but eloquent appeal to the Most High for the guidance of the deliberations of the association.

Dr. D. D. Saunders, of Memphis, delivered the address of welcome on the part of the Committee on Arrangements.

Dr. Saunders began by saying the part of welcoming the association had been assigned to an able young local member of the society whose exceeding modesty overwhelmed him, and at the last moment he had been called upon. As for himself, Dr. Saunders said he was like a fish out of water, but it was a pleasant duty, even if it was true that the heart feels most when the lips fail to speak. For him to say that the welcome of Memphis in its bounty, was as overflowing as the waters of the Mississippi. He said that Memphis was a wonderful city risen from the ashes of misfortune. She was on a river forty-two miles wide, to-day, and it was typical of the cordiality he extended in behalf of the merchants, and all the brave men and fair women of the city. The visitors were most welcomed by their brethren in Memphis, of whom he could say they were ever true to the interest of their profession—men as brave as God ever made—who were actuated in this welcome by the spirit of kindness, affection and professional amity.

After Dr. Saunders' address the Committee on Credentials was called upon for a report, and a recess of several minutes was taken to

enable the committee to examine and report the members entitled to seats in the convention. Several of the members of the committee were absent, and the vacant places were filled by the chairman by the appointment of Drs. Happel, Gardner, Witherspoon and Crumley.

The reports of the secretaries, Dr. D. E. Nelson of Chattanooga, and Dr. Richard Cheatham of Nashville, showed the financial condition of the society to be better than ever before known. Dr. Cheatham's report was handled by Dr. J. P. C. Walker of Dyersburg, who was appointed until the election of officers, which it is understood, would take place next day.

An auditing committee, consisting of Drs. Keyes, Sheddan and Glenn, examined the reports, and approved them.

The following members came forward and registered:

D. E. Nelson, Cooper Holtzclaw, Fred B. Stapp, Chattanooga; T. J. Happel, Trenton; G. W. Drake, Chattanooga; E. Miles Willett, Memphis; J. S. Cain, Nashville; W. K. Sheddan, Williamsport; J. B. Murfree, Murfreesboro; J. W. Penn, Humboldt; J. A. Witherspoon, Columbia; W. L. Nichol, Duncan Eve, Richard Douglas, Nashville; B. P. Keyes, Chattanooga; A. G. Sinclair, Memphis; C. W. Beaumont, Clarksville, J. L. Jones, Bells; J. W. Brandon, Stribling; G. C. Savage, Nashville; W. G. Ewing, Nashville; P. C. McKinnie, Hickory Valley; J. A. Hinton, Friendship; G. D. Hayes, Nashville; C. Briggs, Nashville; H. M. Bostwick, Memphis; C. H. Lovelace, Dukedom; N. T. Dulaney, Bristol; T. W. Roane, Covington; G. B. Thornton, Memphis; Samuel J. Morris, Memphis; W. Frank Glenn, Nashville; J. P. C. Walker, Dyersburg; T. L. Lanier, Parham; S. W. Sanford, Henning; W. E. Wilson, Pulaski; H. W. Tate, Bolivar; T. E. Prewitt, Grand Junction; M. M. Smith, Cedar Chapel; W. B. Moore, Nutbush; E. A. Tarwater, Mason; Richard J. Trippe, Chattanooga; H. Crumley, Chattanooga; J. E. Black, Memphis; H. K. Richardson, Fowikes; Paul T. Jones, Somerville; W. H. Armstrong, Stoney Point; J. I. Bradley, Sugar Tree; John Gartner, Cottonwood; F. L. Sim, Memphis; J. A. Greene, Dyersburg.

Incontinence of Urine in Children was the title of a paper by Dr. A. J. Swaney of Gallatin, he not being present, it was submitted by title.

This was followed by "A Resume of Surgical Cases in a Country Physician's Practice," by Dr. T. J. Happel of Trenton. This paper



was graphic and interesting. It treated chiefly of the uses of anæsthetics and antiseptics. Following it there was a discussion very generally participated in, which was pending when the society adjourned shortly after 1 o'clock to 3 P. M.

#### THE AFTERNOON SESSION.

At the afternoon session the discussion of Dr. Happel's paper was resumed, and when the paper was ready to be referred to the Committee on Publications it was apparent, in spite of eminent authorities and instances to the contrary, that the weight of evidence was in favor of chloroform as an anæsthetic.

The next paper was something out of the ordinary of medical discussion, a pleasing metaphysical disquisition entitled "The Triune Man," by Dr. G. W. Drake of Chattanooga, an elaboration on mind, matter and force in human organism. The paper was not discussed, though it was on motion of Dr. Douglass received with the thanks of the society and referred to the Committee on Publication.

Dr. N. T. Dulaney of Bristol then read a profound paper, which was highly praised, "Hypermetropia."

"Endocarditis and its Differential Diagnosis," by Dr. J. A. Witherspoon of Columbia, was an entertaining and instructive paper on diseases of the heart, particularly as resulting in patients with rheumatic tendencies. The subject elicited a wide scope of discussion and was apparently regarded as one of great importance.

Dr. P. H. McKinnie of Hickory Valley had a long paper on "Pneumonitis and its Treatment," which was heartily applauded at the end.

All the papers read were attentively listened to and the discussions were all ably conducted. It was after 5 o'clock when the society adjourned until 8 o'clock P. M.

#### NIGHT SESSION.

The first business of notable interest in the evening, was the reading by the Secretary of a letter from Dr. T. K. Powell, of Dancyville, to the members of the society. The Doctor is a veteran member of the association, wrote his regrets from a sick bed, and expressed great interest in the welfare of the society.

On motion of Dr. Happel, the thanks of the society were returned to the venerable Doctor for his kindly interest.

The next order of business was the annual address of President Duncan Eve.

PRESIDENT EVE'S ADDRESS.

The address of President Eve was a most pleasing and scholarly one, thoroughly appreciated and cordially applauded. We are gratified to place it before our readers in full, in the first part of this number of the *SOUTHERN PRACTITIONER*, assuring our readers that it will well repay careful perusal.

At the close of Dr. Eve's address the secretary reported, and several members called attention to the meeting in Nashville, on the 20th of May, of the American Medical Association.

After some discussion, a resolution was adopted, under which, Dr. J. B. Murfree was appointed Chairman of a Committee to act in co-operation with the physicians of Nashville, on the part of the State Medical Society in making the necessary arrangements to secure a successful and satisfactory meeting.

This matter having been settled, Dr. B. P. Key of Chattanooga read a "Report of Eight Ovariectomies in the Last Year." This paper, on a subject of absorbing interest to the whole range of the profession, proved exceptionally interesting, especially as it alluded to a group of unusually successful results in a line of treatment where there is a wide divergence of opinion as to the best methods. It brought up the sorely mooted question of what to do in the different phases of peritonitis, notably in females. The longest, most spirited discussion of the day's session ensued on this subject. There were distinctly marked divisions in making the issue. Some of the physicians claimed that the tendency of most doctors was too much imitation of specialists in using the knife; that they were going too far in their zeal for reputation. The other side, who plainly got the best of the discussion, claimed a misapprehension of the immediate issue, which was the treatment of septic peritonitis; the authority and the practice of all progressive surgery was in such cases in favor of the operation of laparotomy. The question was not brought to a vote, but was referred to the committee on publication.

On motion of Dr. T. J. Happel, 3 P. M., next day was appointed to hold the election for officers. The society then adjourned until 9 A. M. Wednesday.

SECOND DAY'S SESSION—WEDNESDAY, APRIL 9, 1890.

The second day's session of the State Medical Society was called to order at 9 o'clock A. M. With very little delay, the reading of papers

was proceeded with. The first of these was on "Blindness" by Dr. F. T. Smith of Chattanooga, followed by another on "Ophthalmia in Infants," by Dr. T. J. Minor of Memphis.

Though these papers treated principally of affected eyes in very young children whose misfortunes were incidents of their birth, it ranged rather widely both in the papers and the discussions which followed, over a considerable scope of eye disease and its treatment. The debate was rather discursive and indecisive, though somewhat favorable to Dr. Smith's application of nitrate of silver to the inflamed eye of the infant.

This was followed by Dr. Frank Glenn's paper on "Treatment of Diseases and Injury with Phenique Preparations." The paper was heartily applauded.

The following additional members registered during the day:

Peter B. Ford, Memphis; A. B. Brown, Waverly; M. W. Chaffin, White; Geo. H. Price and E. P. Sale, Memphis; D. D. Saunders, G. B. Gillespie, Covington; Frank Trestor Smith, Chattanooga; J. A. Jackson, Gadsden; Y. W. Perkins, Henderson; S. B. Walker, Durhamville; Deering J. Roberts, Nashville; J. D. Sasser, Middleton; S. B. Corey, Union City; J. D. Herron, Jackson; E. K. Leake, Collierville; W. F. Rochelle, Jackson; E. K. Williams, Gates, Tenn.; J. R. Rathmell, W. T. Hope, Chattanooga; Charles M. Drake, Knoxville; J. D. Cole, Newbern; H. H. Young, Ripley; Shep. A. Rogers, John F. Cochran, Memphis; W. T. Briggs, Nashville; C. M. Cebastian, Martin; H. C. Rogers, Madison; B. F. Henning, Memphis; J. D. Shannon, Greenfield; H. S. Williford, Smith Buford, T. L. Bunyan, Memphis.

Next came the report of the State Board of Medical Examiners, by the secretary, Dr. T. J. Happel of Trenton. This report presented some very interesting facts and suggestions, which elicited warm and spirited discussions, which ended in indorsement of the action of the board, as represented by Dr. Happel. The report urged the importance of legislation by the State to further the effectiveness of medical practice in the State, and the discussion resolved itself into a position which needed State aid, not for physicians as a class, but for the benefit of the whole Commonwealth.

The report is full of the most interesting instructive statistics. It shows the number of physicians registered by County Court clerks in each county, giving in order the number of physicians registered, the

graduates, homœopaths and eclectic. Of the leading counties of Tennessee the following are cited from the report, which embraces the entire State :

COUNTY.	Registered.	Graduates.	Non-Graduates.	Regular.	Homœopaths.	Eclectics.
Bedford .....	54	41	28	38	0	8
Davidson .....	187	159	18	149	5	5
Hamilton.....	113	85	28	78	4	3
Knox.....	87	48	39	41	5	2
Gibson.....	71	48	23	44	0	4
Madison.....	54	31	28	30	0	1
Montgomery.....	41	35	6	35	0	0
Maury.....	57	41	16	0	0	0
Shelby.....	184	128	121	2	5	0

The total for the State showed 3,175 registered to practice medicine, of whom 1,680 are graduates, 1,495 non-graduates, 1,607 are regulars or allopaths, 18 homœopaths and 55 eclectic. It appears also from the report, which is as long as it is absorbingly interesting to the profession, that two meetings of the State Board have been held heretofore, both in Nashville, one June 18, 1889, the second February 18, 1890. At the first meeting the board organized by electing Dr. J. B. Murfree of Murfreesboro, president, Thomas H. Hicks of Knoxville, vice-president and T. J. Happel of Trenton, secretary. Only five appointments had been made up to that time in accordance with the provisions of the law. The sixth member of the board, Dr. Heber Jones, was appointed in July by the Governor. On the 18th of February, 1890, the second meeting of the board was held, at which there appeared eleven applicants for examination. Of this number eight were granted certificates. At the last meeting in Memphis, not mentioned in the report, there were eight applicants, four received certificates, three temporary licenses and one summarily rejected.

The most important part of the report as far as the future of the effective work of the board and the profession is concerned is involved in the changes earnestly sought to be made in the "Act to regulate the practice of medicine." These changes have long been worked for by the profession.

The first amendment urged by the board is to change the act so as to read "regular" wherever allopath or allopathic occurs.

The next provision is that after January 1, 1892, no certificate shall be issued to any one without examination by the board.

Section 12 is asked to be amended so as to change to the fee for certificates from \$1 to \$5.

Sections 13 and 14, the board says, should be amended so as to make any violation of either or both a misdemeanor, punishable by fine for the first offense, and by fine or imprisonment or both for subsequent offenses, the imprisonment to be in the discretion of the court, and to be confined in the county jail not less than one nor more than ten months. This would, if the amendments are adopted, eliminate matter of "action of debt" from the existing act, and enable the board to force a compliance with its provisions. Another amendment proposed authorizes the board to revoke any licenses for grossly immoral and unprofessional conduct.

The final amendment is: "Be it further enacted, that inquisitorial powers are hereby given the grand jurors, and it is made their duty to inquire into all violations of this act and to make presentment of the same."

After the discussion of the report of the Board of Examiners, it was generally urged and so ordered upon motion, that a committee of three be appointed to urge the desired legislation, and that this committee be appointed by Dr. J. B. Murfree, president of the Board of Examiners, that the committee be permanent for persistent work until the long neglected needs of the society and the profession be recognized.

This having been disposed of Dr. J. S. Cain of Nashville, read a paper on "The Use and Abuse of Anti-Pyretics." The reading was followed by loud and prolonged applause. There was very considerable discussion on the subject, which drifted mainly about the treatment of typhoid fever. The result of the consensus of opinions expressed was in favor of antipyrine as against any other remedy for the safe reduction of temperature.

The society adjourned at 1:30 to 2:30 o'clock, half an hour before the hour appointed for the election of officers, leaving the subject open.

#### AFTERNOON SESSION.

The discussion of anti-pyretics was resumed and continued at the afternoon session until 3 o'clock President Eve rapped for attention, and announced the election of officers in order.

By this time the hall was crowded. After some delay, caused by members registering and paying dues in order to vote, everything was announced ready for nominations for president for the ensuing year.

Drs. G. A. Baxter and G. W. Drake of Chattanooga were placed in nomination, both nominations being made and seconded with brief eulogistic speeches. The result was Dr. Baxter received 50 votes to 40 for Dr. Drake.

The next in order was the election of three vice-presidents, one for East, one for Middle and one for West Tennessee. All these contests were close. The West Tennessee honor was awarded to S. W. Sanford of Shelby County. The Middle Tennessee prize went to Dr. Wm. G. Ewing of Nashville. That for East Tennessee was given to Dr. N. T. Dulaney of Bristol. Dr. D. E. Nelson the present incumbent, was re-elected secretary, and Dr. J. P. C. Walker of Dyersburg was elected treasurer, succeeding Dr. Richard Cheatham of Nashville.

After the elections, which occupied considerable time, Dr. J. W. Cole offered a resolution, which was adopted after considerable discussion, urging a change of the by-laws of the society, so as to provide that in any violation of the code of ethics by a member, he should be subject to a critical examination by the judicial council, which is composed of ex presidents of the society.

The society then adjourned until 8 o'clock.

#### NIGHT SESSION—SECOND DAY.

At the evening session there was a considerably diminished attendance, many of the visiting members having left for their homes.

The presentation of the remaining papers was called for and responded to, and the following subjects were treated and discussed:

"An Obscure Case of Intestinal Obstruction Following Reducible Hernia—Laperotomy, by Dr. W. F. Rochelle of Jackson."

In addition to the stated papers there were two others, both voluntary, which were discussed and indorsed as meritorious; one by Dr. A. G. Sinclair of Memphis on "Suppurative Ear Inflammation" and the other by Dr. W. E. Wilson of Pulaski on "Hysterectomy." The latter presented a case of surgical operation which is very rare, and though it was the last subjected, elicited most favorable comment.

After the discussion, which consumed much of the evening, the hour for adjournment was evidently at hand. Then came the usual resolutions of thanks to the profession, and people, and railroads, for

hospitality, also to the retiring president, Dr. Duncan Eve, for brilliant services.

The society then adjourned to meet next April in Nashville, as provided by the by-laws, that every alternate meeting shall be at the capital of the State.

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### AMERICAN MEDICAL ASSOCIATION—FORTY-FIRST ANNUAL MEETING.

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We again desire to call attention of our readers to the coming meeting of the American Medical Association, which will commence in this city, Tuesday, May 20th inst., and earnestly hope that every reader of this journal, who possibly can get away for a brief respite from his arduous labors, will make use of the opportunity and take part in the meeting.

You can either attend as a delegate from any State, county or local society that has subscribed to the code of ethics of the association; or as a member by application, provided you have a certificate signed by the *President* and *Secretary* of any State, county or local society in affiliation with the association, setting forth the fact that you are a member of said society; or as a permanent member provided you have previously attended a meeting of the association as a delegate and have retained membership by paying the annual dues. Delegates, permanent members and members by application are entitled to all the courtesies of the meeting, and in addition will receive the Journal of the American Medical Association for one year on payment of the annual dues, which is fixed at the uniform rate of five dollars. The Journal of the Association is well worth many times the amount. It is published weekly, and contains the proceedings of the meeting, all the papers and addresses read at the meeting, and in addition a large amount of miscellaneous reading matter devoted to medicine and surgery and the collateral branches, consisting of Editorials, Book Notices and Reviews, Original Communications, and Selected Items from contemporaneous medical publications, constituting it one of the best weekly medical publications in America.

We again reproduce the following regulations in regard to reduced rates; read them carefully and comply with them, and then you will have no trouble in getting the reduction in fare.

1. Each person must purchase a first-class ticket (either unlimited or limited) through to the place of meeting, for which he will pay the

regular tariff fare, and upon request the regular ticket agent will issue to him a certificate of such purpose (Form 2).

2. If through tickets cannot be procured at the starting point the person will purchase to the most convenient point where such through ticket can be obtained, and there repurchase through to the place of meeting, requesting a certificate properly filled out by the agent at the point where the repurchase is made.

3. The reduced rate for the return journey will only apply to points to which through tickets are on sale at the place of meeting, and at which through tickets to the place of meeting were purchased. If through tickets to the starting point cannot be procured at the place of meeting, the person will purchase to the most convenient point to which such through ticket can be obtained.

4. Tickets for the return journey will be sold by the ticket agents at the place of meeting, at one third the highest limited fare, only to those holding certificates (Form 2), signed by the ticket agent at the point where the through ticket to the place of meeting was purchased, and countersigned by the Secretary or clerk of the convention, certifying that the holder has been in attendance upon the convention.

5. It is absolutely necessary that a certificate be procured, as it indicates that the full fare has been paid for the going journey, and that the person is therefore entitled to the excursion fare returning. It will also determine the route via which the ticket for return journey should be sold, and without it no reduction will be made.

6. Tickets for return journey will be available for continuous passage only; no stop over privileges being allowed on tickets sold at less than full fare. Certificates will not be honored unless presented within three days after the date of adjournment of the convention.

7. Ticket agents will be instructed that excursion fares will not be available unless the holders of certificates are properly identified, as above described, by the Secretary or clerk, on the certificate, which identification includes the statement that one hundred or more persons, who have purchased full fare tickets for the going passage, and hold properly receipted certificates, have been in attendance at the meeting.

The certificates are not transferable, and the signature affixed at the starting point, compared with the signature to the receipt, will enable the ticket agent to detect any attempted transfer.

The general meetings of the Association will be held in the forenoon of each day beginning Tuesday at 11 A. M. at the Vendome Theatre, on



Church street, between High and Vine, and convenient to all the principal hotels.

The Sections, which will meet in the afternoons will be as follows :

Practice of Medicine, at Vendome Theatre.

Surgery and Anatomy, at Watkins Hall, two doors east of Theatre Vendome, on same side of Church Street.

Obstetrics and Diseases of Women and Children, at Y. M. C. A. Auditorium, on same side of Church Street as Theatre Vendome, and two and a half squares east.

State Medicine, in S. S. Room of Christian Church, Vine Street, a few doors south of corner of Church Street, west of Vendome Theatre.

Laryngology and Otology, upper S. S. Room of First Baptist Church, corner of Vine and Broad Streets.

Ophthalmology, in lower S. S. Room of First Baptist Church, corner Vine and Broad Streets.

Diseases of Children, in Boys' Room of Y. M. C. A. Building, Church Street, two and a half squares east of Vendome.

Medical Jurisprudence, in First Presbyterian Church S. S. Room, one and a half squares east of Vendome, corner of Church and Summer Streets.

Dermatology and Syphilography, in Lecture Room of Medical Department University of Tennessee, Broad Street, between Vine and High Streets.

Oral and Dental Surgery, in S. S. Room of McKendree Church, one square east of Vendome, on same side of Church Street.

The Medical Editor's Association will meet Monday night, May 19th, in Lecture Room of Vanderbilt Dental Department, on Cherry Street, between Church and Cedar Streets. The Committee on Dietetics will hold its meetings in the same place on the afternoons of the three succeeding days.

The Exhibition Rooms of Medical and Surgical appliances will be held at Amusement Hall, on Broad Street, near Spruce. All places are accessible by electric street cars from any part of the city.

Again we earnestly urge all our readers to come either as a delegate, member by application, permanent member, or even as a visitor. Nashville always looks well in the month of May. We may very confidently expect agreeable weather, and our air at that time is at its

balmiest. As for social entertainments we will say nothing, we will leave that to be done by our visitors after the meeting closes. We can safely assure all, a most hearty welcome and a cordial greeting. Then by all means come, bring your wives, your children or your sweet-hearts with you. We have a live and progressive city, amply equipped to take care of you and provide for you.

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### MEDICAL AND SURGICAL RECORDS OF THE ARMY OF THE CONFEDERATE STATES.

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We take great pleasure in placing before our readers the following circular letter from one who will long be remembered as an earnest, ardent and devoted member of the medical corps of the late Confederate States Army. The object he is now engaged in is not only of material interest to those who yet survive, but will also be appreciated by their children, and their children's children—it is an effort to place upon the ineffaceable page of history correct statements of the facts of one of the most momentous epochs in our great country's existence.

OFFICE OF THE SURGEON GENERAL OF THE UNITED  
CONFEDERATE VETERANS, 156 Washington Ave-  
nue, New Orleans, La., April 9th, 1889. }

*To the Surgeons of The Medical Corps of The Confederate States Army.*  
Comrades:

The surrender of the Army of Northern Virginia on this day twenty-five years ago, practically ended the struggle for the independence of the Southern States, and during this quarter of a century death has thinned our ranks and our corps can now oppose but a broken line in the great struggle against human suffering, disease and death. S. P. Moore, Surgeon General of the Confederate Army is dead. Surgeons L. Guild, A. J. Foard, J. H. Berrien, J. T. Darby, W. A. Carrington, F. A. Ramsey, Samuel Choppin, R. J. Breckinridge, E. N. Coney, E. T. Galliard, A. N. Talley, Paul F. Eve, O. F. Manson, Louis D. Ford, Habersham, James Bolton and a host of other medical officers of the Confederate States Army, all are dead.

The association of the United Confederate Veterans was formed in New Orleans in 1889, the objects of which are historic, social and benevolent. Our illustrious Commanding General, John B. Gordon, Governor of Georgia, has ordered the United Confederate Veterans to assemble in Chattanooga, Tennessee, on July 2nd, 1890. It is es

nestly hoped that every surviving member of the medical corps of the Confederate Army will meet with the United Confederate Veterans upon this important occasion, and promote by his presence and his councils the sacred interests of the Association of the United Confederate Veterans.

It is of the greatest importance to the future historians, and also to the honor and welfare of the medical profession in the South, that careful records should be furnished the Surgeon General of the United Confederate Veterans, embracing the following data:

1. Name, age, nativity, date of commission in the Confederate States Army, nature and length of service of each and every member of the medical corps of the Confederate States Army.
2. Obituary notices and records of all deceased members of the medical corps of the Confederate Army.
3. The titles and copies of all field and hospital reports of the medical corps of the Confederate Army.
4. Titles and copies of all published and unpublished reports relating to military surgery and diseases of armies, camps, hospitals and prisons.

The object proposed to be accomplished by the Surgeon General of the United Confederate Veterans, is the collection, classification, preservation and final publication of all the documents and facts bearing upon the history and labor of the medical corps of the Confederate States Army, during the Civil War 1861-1865. Everything which relates to this critical period of our National History which shall illustrate the self-sacrificing and scientific labors of the medical corps of the Confederate States Army, and which shall vindicate the truth of history, should be industriously collated, filed and finally published. It is believed that invaluable documents are scattered over the whole land in the hands of the survivors of the Civil War of 1861-1865, which will form material for correct delineation of the Medical History of the corps which played so important a part in the great historic drama.

Death is daily thinning our ranks, whilst time is laying its heavy hands upon the heads of those whose hair is already whitening with the advance of years and the burden of care. No delay, fellow comrades, should be suffered in the collection and preservation of these precious documents. The task of collection of all documents, cases, facts relating to the Medical History of the Confederate Army, invites

the immediate attention and co-operation of his honored comrades and beloved compatriots throughout the South.

Respectfully,

Your obedient servant.

JOSEPH JONES, M. D.

Surgeon-General United Confederate Veterans

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#### TENTH INTERNATIONAL MEDICAL CONGRESS.

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The Committee of Organization of the Tenth International Medical Congress, to be held in Berlin, August 4th to 6th, R. Virchow, *President*; E. von Bergmann, E. Leyden, W. Waldeyer, *Vice-Presidents*; O. Lassar, *Secretary General*, have appointed the undersigned members of an American Committee for the purpose of enlisting the sympathy and co-operation of the American profession.

We are assured that the medical men of our country will receive a hearty welcome in Berlin. The Congress promises to prove of inestimable value in its educational results, and in securing the ties of international professional brotherhood. It is most important that the American profession should participate both in its labors and its fruits.

Delegates of American medical societies and institutions, and individual members of the profession, will be admitted on equal terms, the undersigned, therefore, beg to express their hope that a large number of the distinguished men of our country will appreciate both the honor conferred by this cordial invitation and the opportunity afforded us to fitly represent American medicine.

The Congress will be held at Berlin, from the fourth to the ninth of August.

The arrangements in regard to a new general meeting and the scientific work, which is delegated to the sections, are the same as in former sessions. A medico-scientific exhibition, the programme of which has been published a few weeks ago, is to form an ingredient part. It is to the latter that the Berlin committee is very anxious that both the scientific and the secular press should be requested to give the greatest possible publicity.

The office of the Secretary General is Karlstrasse 19, N. W. Berlin, Germany.

S. C. BUSEY, Washington, D. C.      WILLIAM T. LUSK, New York.

WM. H. DRAPER, New York.      WILLIAM OSLER, Baltimore, Md.

R. H. FITZ, Boston, Mass.

W. PEPPER, Philadelphia, Pa.

H. HUN, Albany, N. Y.

J. P. PORCHER, Charleston, S. C.

A. JACOBI, New York.

J. STEWART, Montreal, Canada.

In a letter dated Berlin, Karlstrasse 19, March 2nd, Dr. Lassar, the Secretary General of the Tenth International Congress, directs me to inform the medical profession of America, that a programme of the Congress and other communications will be distributed two months before the meeting amongst those who will have registered previously and received their tickets of membership.

The latter can be obtained by sending applications and five dollars to Dr. Bartels, Leipzigerstrasse 75, Berlin, S. W. By so doing the members will save much crowding and time during the first days of the Congress.

For the American Committee of the Tenth International Medical Congress.  
A. JACOBI, M. D.

PERSONAL NOTE.—Dr. John S. Park, of Franklin, Tenn., an alumnus of the Medical Department of the University of Pennsylvania, completed on April 3d his fiftieth year of active practice. His diploma is dated April 3d, 1840. Soon after his graduation he went to the eastern part of Texas, but in a year returned to Franklin, and since that date has practiced his profession with great success in this and the surrounding counties. Dr. Park's long years of practice and great success as an active physician have endeared him to all neighbors, among whom he is honored and esteemed as one of the foremost citizens.—*University Medical Magazine*.

VITAL STATISTICS.—In quite a number of our towns and cities, the word "*Unknown*" occurs far too frequently as a cause of death. When a Health officer, or Registrar cannot be fully informed as to the cause of death of a citizen, would it not be proper to have a coroner's investigation—What are our coroners for anyhow?

SANDER & SONS' Eucalypti Extract (Eucalytol).—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Griefswald.

TEXAS STATE MEDICAL ASSOCIATION.

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Prof. J. S. Cain, M. D., of the Medical Department University of Tennessee, returned home Saturday evening April 26th ult. from a trip to Forth Worth, Tex., where he spent several days in attendance upon the Texas State Medical Association. He is full of praise of the physicians of Texas and their methods. He says that the address of the President of the association, Dr. R. M. Swearingen, of Austin, delivered to the public at the Opera House, was one of the most ornate and eloquent productions that he ever listened to, and that the numerous medical papers and discussions of the occasion were creditable to even that very learned body of medical men.

Dr. R. P. Burt, of Fort Worth, was elected President for the coming year, and that most efficient and excellent officer and gentleman, Dr. F. E. Daniel, of Austin, was re-elected Secretary for the next five years.

The Doctor stated, also, that notwithstanding the heavy rains of the past few weeks, the crop prospect of Northern Texas is most promising; that the country is on an ever-increasing boom, and that Tennesseans are always found well to the front in all laudable enterprises.

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THE report of the New York Analyst of Drugs shows that the chances for getting drugs of good quality on prescription is 43.8 per cent.; fair, 17.4; inferior, 26.; not as called for, 11.6; excessive strength, 1.2—(*Times and Register*, Philadelphia, December 7, 1889.)

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CHRONIC SYPHILITIC SALIVATION.—A. W. Furber, M. D., L. R. C. S., and L. D. S., says: I have for a long time had a gentleman patient under my care for disease of the teeth, and although my operations progressed favorably, I had many difficulties to contend with. The whole of my patients teeth appeared to have a syphilitic taint, and with increased flow of saliva, amounting to chronic salivation. These were not the only troubles I had to surmount; but that which retarded my work most was the repeated recurrence of syphilitic ulcers of the sulcus and gums generally, which, though not painful to my patient, was still a source of considerable discomfort and militated greatly against the success of my operations. Iodia having come under my notice, I was inclined to give it a trial, and with the addition

of a small proportion of liq. hydrag, bi-chlor., taken daily before meals for a time—also used occasionally as a mouth wash—the salivation became normal, the mucous membrane assumed a more healthy state and the teeth generally looked like coming back to their original color.

80 Fortress Road, London, N. W.

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PEPSIN CORDIAL OF PARKE, DAVIS & Co.—This preparation has met with marked favor among the medical profession since its introduction, having proven a most convenient and efficient means for the administration of pepsin in liquid form. It possesses a high digestive power, being capable of dissolving fifteen times its weight of albumen; besides, is permanent and especially palatable, while for pharmaceutical elegance is all that can be desired. We venture the opinion that it is the only Liquid Pepsin aside from their Glycerole, that contains sufficient of the active ferment to justify or commend its employment as a substitute for the pure pepsin. This is offered as a scientific preparation, free from stigma of being protected by copy-right, and as an improvement upon liquid pepsins as a class. Its superiority as a digestive agent is a matter capable of therapeutic demonstration, which may be verified by actual administration.

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STRICTURE:—According to the most ample and trustworthy evidence, *organic stricture of the urethra* is curable by a new method. So many physicians are coming to the front with testimony as to cures performed by this method, that even the most skeptical of physicians must feel like giving it a trial. The Century Chemical Co., St. Louis, Mo., furnish not only the formula and a vast amount of evidence as to cures, but are pleased to forward samples, that any physicians may have the opportunity of seeing what the remedy is capable of doing. It is now being used in some of the leading hospitals, and by physicians of the best repute.

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MALTED MILK Co., of Racine, Wis., propound some very pertinent enquiries with satisfactory answers on our Title page. Malted milk, is a natural food always ready for instant use, does not contain starchy or other insoluble ingredients, and we know from practical experience that it is highly nutritious, easily digested and perfectly assimilated.

PEACOCK'S BROMIDES:—I can say in short, in twenty years of practice I have never found an equal to Peacock's Bromides for fits and disturbed nerve centers. It possesses a superiority over fits far beyond my expectations. I have recommended it for all it is worth in this locality.

H. J. FAIVRE M. D.

Hamilton, Ohio.

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OUR readers will find on another page of this number a change in the advertisement of Tarrant & Co., as this month they call attention to their Effervescent Seltzer aperient. This old remedy, one of the most efficient salines known to the Profession, can be profitably employed at this season of the year for its alterative effect; it is not only a palatable and safe aperient, but is used with confidence in Lithemic, Gouty and other conditions where alkaline remedies are indicated.

---

SUCCUS ALTERANS.—Maysville, W. Va., Sept. 10, 1889. Eli Lilly & Co., Indianapolis. Ind.—I am fully satisfied your Succus Alterans has no equal as an alterative. I commenced using it on a patient on the 11th of June last. The lady was covered with sores from the top of her head to the soles of her feet, and three bottles have entirely cured her, she thinks, but I prevail on her to continue the medicine for at least six months longer.

Yours respectfully,

L. R. POOLE, M. D.

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THE PHENIQUE CLINICAL Co., in addition to their invaluable preparation Campho-Phenique, also manufacture *Chloro-Phenique*, a chemical compound of Chlorine and Phenic Acid. It is an excellent antiseptic and anti-zymotic, for internal and external use, miscible with water in any proportion.

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MESSRS. WM. R. WARNER & Co., received the only Centennial award indicative of superior merit for Sugar-Coated Pills. The judges in their report say:

"*The Sugar-Coated Pills* of Wm. R. Warner & Co., are soluble, reliable and unsurpassed in the perfection of Sugar-Coating, thorough composition and accurate sub-division."



### THE NEW CITY HOSPITAL.

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This handsome new building for the care of the indigent sick and injured of Nashville, has been completed and is now occupied by some of the inmates for whom it was designed.

The consulting staff has been selected, and Professors Duncan and Paul F. Eve, M. D., in the department of Surgery; Professors J. S. Cain and J. H. Blanks, M. D., in Medicine; Prof. W. D. Haggard, M. D., Gynecology and Pediatrics; and Prof. J. G. Sinclair, M. D., in Diseases of the Eye, Ear, Throat and Nose; will represent the Medical Department of the University of Tennessee, and medical students in Nashville will hereafter have unsurpassed advantages for clinical instruction.

The furniture, fittings and fixtures of the institution are all new and of the most approved design, the wards roomy and well ventilated and lighted, and with a good and efficient corps of nurses under an experienced matron from the Philadelphia Training School of Nurses, one may well challenge comparison with other like institutions.

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SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Greifswald.

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NEUTROLACTICS.—Combined use of this most excellent galactagogue occasions our increased admiration of its valuable properties. It not only increases the quantity, but improves the quality of the nursing mother's milk.

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DR. N. SENN and Dr. Chr. Fenger have recently been elected regular Professors of Surgery in the Chicago Polyclinic. In addition to clinical work, they will present a special course in abdominal surgery twice yearly.

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DR. FARNIER has discovered that hands immersed in a solution of sulphate of copper, although they retained the sense of touch, became insensible to pricks of a needle, or cuts of an instrument.—*Times and Register*.

## CONTENTS FOR MAY, 1890.

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### ORIGINAL COMMUNICATIONS :—

Annual Address of Duncan Eve, A. M., M. D., of Nashville, Tenn., President of the Tennessee State Medical Society, at its Annual Meeting at Memphis, Tenn., April 8th, 1890 . . . . .	184
Phenique Compounds in Germ Diseases. By W. F. Glenn, M. D. . . . .	190

### SELECTIONS :—

The Subcuticular Suture . . . . .	193
The Anatomical Characters, Nomenclature and Treatment of the Diarrhoeal Diseases of Infancy . . . . .	194
Treatment of Ganglions . . . . .	195
Treatment of Long-Standing Dislocation of Both Shoulders . . . . .	166
The New Contagious Diseases Law . . . . .	197
Salol in the Gastro-Intestinal Derangements of Children . . . . .	199
A New Method of Treating Fractured Patella . . . . .	199
General Treatment of Syphilis by External Applications . . . . .	200
Soft Chancre . . . . .	201
The Influence of Hot Baths on the Elimination of Mercury in the Urine . . . . .	201
Why is a Miscarriage more Dangerous than a Natural Labor at Term? . . . . .	202
Turpentine in Post-Partum Hæmorrhage . . . . .	203
General Medication in the Treatment of Skin Diseases . . . . .	203

### EDITORIAL, REVIEWS, ETC:—

Reviews and Book Notices . . . . .	204
Fifty-seventh Annual Meeting of the Tennessee State Medical Society . . . . .	207
American Medical Association—Fifty-first Annual Meeting. . . . .	215
Medical and Surgical Records of the Army of the Confederate States . . . . .	218
Tenth International Medical Congress . . . . .	220
Personal Note . . . . .	221
Vital Statistics . . . . .	221
Texas State Medical Society . . . . .	222
Chronic Syphilitic Salivation . . . . .	222
Editorial Items . . . . .	223

# THE SOUTHERN PRACTITIONER.

AN INDEPENDENT MONTHLY JOURNAL,  
DEVOTED TO MEDICINE AND SURGERY

SUBSCRIPTION PRICE, ONE DOLLAR PER YEAR

DEERING J. ROBERTS, M. D., - - Editor and Proprietor.

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No. 6.

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## *Original Communications.*

MEDICAL MATTERS IN OUR NORTH-WEST CORNER.  
SITKA'S SANITARY STATUS.

BY WILL. F. ARNOLD, M. D., ASS'T SURGEON U. S. N.

Editor of THE SOUTHERN PRACTITIONER.

*My Dear Doctor* :—In the hope that the incidents of a medical man's life at the confines of civilization may interest your readers, I shall show a few of the pages of my note-book, pleading the restrictions of other duties in extenuation of their crudeness. The native population of this coast (for the interior, away from the rivers, is entirely inaccessible), after more than a century's contact with adventurers of many nationalities, but of great singleness of purpose, present rather unlovely mental and moral attitudes, and, from all that I can learn and see, a very deplorable physical dilapidation.

Their greatest virtue is truly an Indian trait—discretion. They never talk when they can avoid it, and but very rarely aim at the G flat minor of their civilized patterns. One would hardly hear

the key of our ordinary conversation reached in a whole day in this village of nearly a thousand inhabitants, while "silence herself" would make a noise about a negro town of half this population, as every Southerner well knows. They seem to have no moral rectitude; and every injury may be atoned by blankets, their legal tender. The slightest service requires remuneration. Often a native has assigned his earthly possessions to a member of his own tribe for rescuing him from drowning, and the fee was fixed, while the assignor was in the water and in his opinion *in articulo mortis*.

From their aquatic ventures they derive a good chest and arm development; but their legs are crooked and often actually deformed from the cramped position they retain so long at a time in narrow canoes.

The cold and rainy weather that so predominates here has forced them to live together in large numbers, and their filthy habits have furnished abundant facilities for the propagation of all kinds of contagious diseases, which they either had or have acquired from the white man. Small-pox, measles, pneumonia and erysipelas, have in turn claimed their hundreds here in epidemic visitations; and consumption, syphilis and gonorrhœa more quietly and more surely do their insidious mutilation, and bring at length the merciful end.

Some of their customs would nauseate an ostrich. The nearest relatives of a consumptive will drink his expectoration as a proof of their devotion; and the urine of an entire family voided in in a common receptacle by no means ordained for this sole purpose, is much esteemed as a lotion for the faces of those excreting it. This gives Neisser's fluid an opportunity undreamt of in his philosophy, and makes *tabes mesenterica* a necessity where pulmonary consumption can hardly be avoided.

The head-louse is eaten *a la bon bon*. I do not know whether the line excludes the body-louse, which with the crab-louse is a permanency.

Their imitative faculties, which are naturally strong, are rapidly banishing these "merderies" as Rabelais would have most truly called them, to the absolutely uncivilized tribes. Many of the

houses here have both a neat outside and a comfortable interior, and the complete second story has superseded the loft in a few of the newer houses.

Judging from this rancho or village, which is by far the most enlightened one in the whole Territory, I should say that at least half of them are suffering from either cold abscesses, caseous lymphatic glands, hip-disease, Pott's disease, or pulmonary tuberculosis. I have met as many as fifteen Indians in whom one of these disorders was evident at a glance, in half an hour's walk along a beach a mile away from their village. This condition of affairs coupled with a high relative sterility, explains the undoubted decrease that this village has undergone since the "turnover," which is the Alaskan epoch.

Acute lobar pneumonia is neither very frequent, nor in my experience, very severe. A Yakutat chief was brought in here dead of it, and one of his retinue, a Copper River Indian, died of it two days after he came; but he was not at all cared for, as the Yakutat Indians wished to claim that both their chief and he had been poisoned, so as to make the Indians who had sold them liquor at Juneau, pay in blankets for killing them. Five other cases treated on the expectant plan all recovered; two of these patients were Russians more than sixty years old, in whose expectorations Friedlander's pneumo-coccus was present in enormous numbers during convalescence. It is said to have prevailed with great virulence as an epidemic about twenty years ago in certain villages; and I can hear from unprofessional sources of its occurrence within the Polar circle. Hence, I think that Loomis' assertion, that "it is unknown in Polar regions" an improbable truth.—(Practical Medicine, Wm. Wood & Co., 1884, p. 77). Erysipelas is sometimes epidemic and very fatal. There have been a few cases here this winter, three of which occurred in a large mission training-school. One of these I succeeded in controlling by denuding the cutis in a half-inch track around the affected area with a vaccination lancet and applying a 1:2000 solution of mercuric chloride, as suggested by Seibert (*N. Y. Med. Jour.*, vol. L., p. 430). The temperature fell from 103½° F. to 99° in twelve hours, and never again exceeded its latter number;

vomiting ceased almost at once, and the patient left her bed the next day practically well.

My most interesting case was that of the head chief of the Sitka tribe as he styled himself, Annahoots by name, which means "great bear." He was about sixty years old, blind of syphilitic iritis, and the reputed subject of an undifferentiated form of heart disease. He suddenly lost consciousness, wrapped himself very tightly in his blankets, refused food, and even liquor, which he had never been known to do before, and resisted every effort at examination in any way. His sense of hearing seemed entirely in abeyance, and he never indicated any appreciation of his surroundings from the first. He seemed to suffer little, if any pain, and slept much of the time, both day and night, yet was never cruly comatose. The patellar reflexes were normal. A few times he acted as if he were at a dance or a feast, and would shout out unfamiliar names; but he never spoke any intelligible words.

I assumed that his trouble might be a cerebral lesion of syphilitic origin, and I forcibly fed him with a stomach-pump and administered thirty grains of iodide of potassium twice a day for almost two weeks. It had no appreciable effect beyond the usual symptoms of iodism. His tribe objected to the artificial method of sustentation as very degrading, and resorted to their shaman or medicine man, surreptiously soon after I had resigned the case, to the great mortification of the Greek priest, who had converted him. He died in the fifth week of his illness; and the influence of the priest aforesaid, could not obtain me permission to make an autopsy.

On a hunting-trip not long ago, I met one of these medicine men, and I found his shrewdness not the least discreditable to the body charlatan. He can only see slightly out of one eye, and he has been known to admit that his failing sight was the factor that inclined him to medical practice. He once hired a number of Indians to catch salmon for a cannery and paid none of them, although he had drawn all their money as contractor; but instead, he somehow persuaded them that they owed him for the fish, and made them cut several hundred cords of wood in payment of the debt. This speaks volumes for his personal magnetism to one

who knows an Aleut's shrewdness in financial matters. He explained to one of my companions the uses of his walrus-bladder gong, his fantastically-carved wand and rattle, and his hideous costumes, which are different, for different maladies; but he indicated that his serious aim was to pull out bodily the offending entity.

These Indians all use hot water, both for its local and its hæmostatic effects, and they resort to multiple punctures for injuries and for chronic inflammatory troubles. The average Indian will submit himself to a severe surgical operation with alacrity, set his teeth in a bit of soft wood, and give little evidence of the pain he must feel.

Their therapeutic agents are rather limited, so far as I have learned. They use the inner bark of the devil's club, a sort of thorny shrub, as an emetic and purgative, and assert that the mode of its action is determined by the direction of strokes of the stone with which they scrape it off. If they are made upward, it produces emesis, and *vice versa*. They claim an efficient abortifacient, but I have not yet seen the source of it.

Their diet is largely composed of oil from the seal, herring, or the oollean, a small fish in these waters. The latter is of reputed efficacy in phthisis; but a careful test of its usefulness has not been made. A reduction of this fat allowance is most probably the chief one of the causes of the great prevalence of this disease in Indians who adopt a civilized life.

In many of the mission training-schools where the life of the girls is the most radically changed, it is almost an exception for the menstrual function to be established without the immediate inception of pulmonary phthisis; although another point to be considered is that orphans and girls either actually diseased, or strongly predisposed by hereditary influence to constitutional disease, furnish a large number of these pupils.

There are some hot springs on this island about sixteen miles to the southward of this place, of several streams of different constituents and temperatures. On account of the great depth of the snow at the time of my visit, I postponed a full investigation of them all to a more convenient season; but I found the

sulphur springs, which issue from the earth at 180° F., to be a very powerful diaphoretic as a bath. There was an Indian girl there, who presented quite the usual amount of syphilitic disease, such as induration and œdema of the labia, ulcerated inguinal glands, and scores of condylomata; and these the most assiduous use of the baths had not improved in two months. But her general appearance would have almost negatived an *a priori* assumption of the presence of such extensive disease, so plump and well-nourished did she appear. I had later the means of learning that her food had been neither abundant nor much varied, and that her hygienic surroundings were the worst possible. The Russian Company had a large hospital there in the time of its prosperity, and great benefit is said to have been secured by it in rheumatism and in syphilis. It was burned by the Indians in an insurrection some years ago.

I shall close with a strange true story of British Columbia, which should have Mr. Cable's sanction, as a place in *Harper's Drawer*, to secure proper attention at the hands of the intelligent minority.

A certain chief in one of these tribes in Her Britannic Majesty's possession, having offended in some particular against the law, was taken to Victoria and adjudged worthy of penal servitude. His successor was duly installed, and the return of the eminent convict at the expiration of his sentence found him in the enjoyment of a large revenue derived from the salmon-run in the official tribal fief.

The reigning chief was touched at the alteration in his predecessor's material prosperity, and he began to cast about for some way, in which to evince the sympathy he felt for him. The difficulty in the case was that dead to his legal rights beyond question or cavil this deposed chief appeared, and between attainder and physical death the savage mind could not distinguish. Thus it fell out that he did the most appropriate thing under the circumstances, as they appeared to him, in unveiling a handsome monument to the legally-dead man, who partook of his own funeral-baked meats, and saw his relatives consoled for his loss with many presents, as is their custom when death results from ordinary causes.



No one present is reported to have shrunk from a conclusion so logically adduced; and the former chief's enjoyment of his own obsequies is said to have been keen, though by some inconvenient conventionalities his participation was somewhat abridged and subdued.

To omit to record my impressions of this climate would be too much out of the fashion not to be remarked. So far as I have observed it, it appears to be merely a succession of all the forms that weather can assume, and it presents neither regularity nor any reliable prodromata by which the changes may be anticipated. The coldest weather of the winter showed a temperature about 5° F. But it must be remembered that Sitka is a somewhat sheltered place, and that these shores receive the full impact of the Japan current, the water of which is not much colder at any time than 40° F. I think it insalubrious, as greatly predisposing both to phthisis and acute articular rheumatism; but its champions are not wanting, who warrant it to prevent the latter complaint.

SITKA, ALASKA, March 18, 1890.

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### TRAUMATIC CATARACT.\*

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BY A. G. SINCLAIR, MEMPHIS, TENN.

*Professor of Diseases of the Eye, Ear and Throat, in the Memphis Hospital, Medical College; Ophthalmic and Aural Surgeon to St. Josephs Hospital.*

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Cataract of traumatic origin is produced as a rule, by a wound of the capsule of the crystalline lens, which allows the aqueous humor to find access to the lens substance, when the latter by absorption of the aqueous becomes softened, swollen and opaque. Not every rupture of the capsule, however, is followed by cataract. Cases are on record in which the wound, being very small, has healed leaving in some cases only a very slight opacity, while in others no discoverable trace of the injury has remained. Such cases are, however, very exceptional. It is maintained that traumatic cataract may occur without solution

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\*Read before the Tri-State Medical Society of Mississippi, Tennessee and Arkansas 1889.

of continuity of the capsule, concussion alone sufficing to cause such derangement of the nutrition of the lens that it is soon rendered practically impervious to light. That prince of ophthalmians, the lamented Von Graefe, believed however, that many cases supposed to be this of character were really due to a minute laceration of the capsule at or near its periphery, the line of union of its strong and delicate posterior portions. However this may be, certain it is that this form of cataract may be produced by a blow upon the eye ball, without rupture of its sclero-corneal coat, or even discernable injury at the point of contact.

When a case of this kind presents itself, careful consideration should be given to the nature of the agent by which the lesion was produced in order, if possible, to determine whether or not a foreign substance remains in the lens or elsewhere within the eye-ball, a matter of much importance in regard to both prognosis and treatment. In the treatment the first step to be accomplished, if possible, is the full dilatation of the pupil, in order by retraction of the iris to prevent it from coming in contact with the swelling lens, as the latter is very irritating to that membrane and liable to excite destructive inflammation in both it and the ciliary body. Should this be accomplished and the swelling of the lens progress but slowly, and especially if the patient be under thirty years of age, the entire lens will probably undergo absorption without causing further trouble. Of course, until the lens mass has become considerably reduced in volume and the danger of exciting inflammatory action in the surrounding structures thus measurably overcome, a bandage should be worn, the patient restricted to his room, and such other measures adopted as will tend to prevent undue vascular activity. In cases in which the rent in the capsule is extensive and the lens substance, by reason of more speedy imbibition of aqueous humor, swells rapidly, causing much suffering and threatening to excite destructive inflammation, it should be promptly removed by extraction. This operation can usually be easily performed. If the swollen lens matter is known to contain a foreign body, its extraction should be the operator's first consideration, for if allowed to remain it will sooner or later cause the loss of the organ.

## CASE.

From numerous cases recorded in my note books, I select the following as an illustration of what may sometimes be accomplished for the restoration of sight, even where the injury is so extensive as to render the outlook apparently unpromising in the extreme.

D. W. S., aged 45, carpenter, was brought to me by his family physician, with the following history: Four days previously he had received accidentally a blow on his right eye from a piece of metal about the size of a white bean. Not much pain had been caused by the injury, but vision was extinguished almost immediately. On examination I found an irregular wound extending across the cornea and about half a line into the sclerotic, nearly vertical in direction, and a little to one side of the corneal centre. The anterior chamber was much diminished in depth, the iris, except at its periphery, lying far in advance of its normal plane—thrust forward by the greatly swollen lens substance behind it. The pupil was moderately enlarged, and its normal blackness replaced by the bluish white appearance, characteristic of lens matter undergoing the changes peculiar to traumatic cataract. The capsule of the crystalline lens had been extensively torn, and the entire lens was softened, swollen and opaque. The corneal wound had closed and the tension of the globe was somewhat above the normal degree. There was some blood in the anterior chamber. Vision was equal only to feeble perception of light.

I ordered the instillation of a strong solution of atropia in the hope of retracting the iris and thus making room for the swelling lens; the eye to be bandaged, the patient to remain in bed and opiates to be taken should pain occur, from which at the time the patient was free. The patient passed one day in comfort, on the second there was some uneasiness in the eye and on the third decided pain, with considerable augmentation in volume of the lens, showing that the process of absorption had not kept pace with that of increase. I determined at once to operate for the removal of the swelling lens matter in order to relieve the iris and ciliary body from its irritating presence, and

the optic papilla from what would speedily become a destructive degree of intra-ocular pressure. The patient was placed under the influence of chloroform, and with the ordinary triangular keratome, I made a linear incision in the cornea near its margin. The pressure on the globe necessary to accomplish this caused the original wound partly to re-open, and through this a portion of the softened lens matter escaped. The remainder I carefully and thoroughly removed through the incision. The eye was bandaged and the patient required to remain in bed. The process of recovery was rapid and uninterrupted. On subsequently testing his vision I found him able to read readily at the usual distance Jaeger No. 6. That is to say, print the size of ordinary book type, an eminently gratifying result in an eye which its owner as well as his physician, a very competent practitioner, had fully believed to have been utterly destroyed, and came expecting me to advise and to execute its extirpation.

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### SOME REFLECTIONS ON PNEUMONIA.

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BY W. F. DRUMMOND, M. D., OF MAGNOLIA, MARENGO COUNTY, ALA.

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Clinical experience teaches that all diseases, although they present certain diagnostic features which stamp their individuality, and thereby render them easily to be classified, present different types, evidently based on the different somatic state or make-up of the patient, which difference in type demands a corresponding modification in treatment. The different cachexias of the human system so modify the disease as to render that trite expression, "What is one man's food is another's poison," a truism, which is constantly showing itself at the bedside.

I know of no disease that is more protean than pneumonia—none that demands a closer examination in every respect, especially in the somatic state, the cachexia and type of the disease as it exists in the patient. The ablest physicians of past time, the best clinicians, have testified to the periodic changes in diseases, from a highly inflammatory to a low adynamic type. Sydenham, Graves, and others indorsed it as the result of their clinical ex-

perience, and Mitchell said that the diseases had so changed in Philadelphia that the 5 to 10-drop doses of Fowler's Solution had to be doubled to effect its purpose. There is, therefore, rationally no such thing as a stereotyped treatment of any disease, particularly for pneumonia; each case has its own clinical history, pathological character, diagnosis, prognosis and treatment; each case is a law unto itself, without a proper consideration of which it would be impossible to treat it successfully.

In my experience I have encountered the acute, the typhoid or adynamic, the fibroid and strumous grades, sometimes running as it were side by side, each distinct in itself, and demanding its own appropriate treatment. Perhaps I would not err greatly if I should estimate the fibrous grade at one-third of my cases; indeed, such would be a natural inference based on the changeable features of our climate, from heat to cold, from dry to wet; besides, fully one-third of the cases, if not more, are among the negroes, who by their hardships and exposure render the most of them rheumatic. In acute cases, in previously healthy and robust subjects, I have always used the lancet freely with the best results, often followed by wet cups, succeeded by a blister, conjoined with calomel, opium and ipecac, or tartar emetic and veratria, have been my sheet-anchor in such cases. With such treatment I have been generally successful. The withholding of the lancet in such cases was once very painfully impressed on my mind, and, indeed, taught me a lesson that I have ever since remembered with profit. I was called to see a young, vigorous negro man with acute pneumonia; pulse full and hard; breathing labored, one-half piston stroke; cough frequent and painful; expectoration scanty and bloody: ordered a poultice to the chest, and gave calomel, opium and tartar emetic; when seen the next day he was beyond all help and soon died. I have often thought that a free bleeding might have saved him.

The typhoid or asthenic cases have been mostly based on malaria, and I have treated such cases best with blisters, stimulants, tonics and stimulating expectorants. The following case will illustrate the maximum of this type: Marshall E., white, about 18 years

of age, had suffered from malaria, a farm hand on his father's place, was taken with pneumonia; visited him the third day of his attack, pulse frequent and weak, breathing hurried and embarrassed, cough frequent with some pain, expectoration free and bloody, right lung engorged from base to top; ordered hot turpentine stupes to chest; gave ammonia, turpentine and opium for cough; quinine as a toner to nervous system; veratria to restrain the action of the heart. The next day I found that he had spent a restless night; low rambling delirium; tongue dry and red, with sordes on the teeth; it had taken two attendants with constant watching to keep him in the bed: ordered Graves' opium, tartar emetic and camphor mixture; a dose every hour until asleep; after a few doses he became quiet and fell asleep, from which he awoke in his right mind, and convalesced rapidly.

The fibrous cases are of various grades of intensity: some may require wet cups or dry cups and blisters, others stimulating stupes; some sedative anti-arthritic, others stimulating anti-arthritic remedies; some of these cases are obscure and require closer examination to diagnose them, as the following case will show: Charles S., a stout mulatto man, about 40 years of age, had, in slavery times, been his master's wagon-driver, and thereby been exposed to all the changes of the weather; had been sick with pneumonia for several days when I was called to see him; moderate fever, difficult respiration, cutting pains in left side, cough convulsive and unproductive, occasionally lifting a portion of bloody tenacious sputa. From the character of the cough and sputa I at once suspected rheumatism. I questioned him closely at different times in regard to it, but could obtain no data to establish it; the disease not yielding to the remedies, I called in a consultant—plan of treatment indorsed, and pushed as far as was prudent; no change: questioned him again and elicited the fact of his having once had a crick in the neck, which annoyed him much at the time, but he did not know that it was rheumatism; added colchicum and phosphate of ammonia to his cough syrup, and in a few days he was convalescing finely. The succeeding winter he was taken

again in the same way, and a prescription of the anti-arthritic cough syrup relieved him at once.

The strumous cases, the few I have had, required persistent counter-irritation, sometimes setons, tonics, stimulants, the iodides, cod liver oil and generous diet. They show a strong tendency to the formation of abscesses; expectoration copious, purulent and slightly bloody; are apt to run into consumption. In conclusion I will relate a case, the only one I ever saw, with a sequel identical with delirium tremens: P. B., white, stout and healthy, about 30 years of age, habits regular, a plantation overseer, married with two children. It was about the close of the war; had taken pneumonia of an active grade, had progressed well and was convalescing. I announced my last visit, but was persuaded by the wife to come again. The next afternoon I received the following report: B. had been visited by a neighbor soon after I left the day before, who told him that the Yankees had taken Selma, had raided its neighborhood, and would soon be there with fire, sword and negroes. B. was afterwards very nervous; had slept none during the night; had acted strangely. I found him in bed with his head covered, peeping out at times and quickly covering his head again. He imagined that the place was full of Northern soldiers and negroes; could see them amongst the rafters trying to shoot him, he begged for his life and asked me to protect him. I administered morphine in large doses and pushed it for all it was worth, but with no effect. It was late in the night, and, being weary, I threw myself on a cot and was instantly asleep, and as quickly awake again to find B. out of his bed, with his gun in his hands, dodging and trying to point the barrel to the rafters. I seized him and put him to bed again, and then gave the Graves' opium, tartar emetic and camphor mixture, a dose every hour; after taking a few doses he fell into a deep sleep, which continued for hours, from which he awoke a rational and convalescing man. Solly in his treatise on the brain indorsed that treatment in one of the forms of delirium tremens, and it certainly had a happy effect in this case of B.

## *Selections.*

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PUNCTURE OF THE INTESTINE FOR OCCLUSION.—At the last meeting of the French College of Surgeons, Prof. Demons, of Bordeaux, advocated the practice of making punctures into the intestine in the treatment of chronic occlusion of the bowel, and deprecated the unmerited disuse—as he thinks it—into which this method has fallen. Among the advantages which he claims for it is the fact that after relieving the bowel of the gas which has inflated it, it is often possible—on account of the flaccid condition of the belly-wall—to determine the cause of the occlusion and to institute intelligently some other procedure to overcome or remove it. Prof. Demons speaks of the operation of puncture as being only a palliative measure, and yet he reports six cases in which it was followed by permanent relief of the condition of obstruction. One of the most striking features of his communication was the statement that he has never seen any ill-effect to follow the making of punctures in the bowel; while in the most unsatisfactory cases it gave at least temporary relief to the patient.

These opinions of Prof. Demons were published in the French medical journals as long ago as last October; but they do not seem to have attracted the attention which they deserve. He speaks of a sort of revival of the method in England; but this is somewhat of euphemism; for in England, as in this country, most surgeons regard such a procedure as in the highest degree dangerous. There and here, we believe, there is hardly a surgeon who would consider it justifiable to puncture the intestines except in extreme cases, and in the face of impending death from suffocation caused by pressure of inflated intestines upon the diaphragm.

Nevertheless, it may be that there is something to be said in



favor of aspirating the intestines, and that this is not so dangerous as most surgeons think. There are times when the relief furnished by such a procedure may be of the greatest advantage. Not long ago, in Philadelphia, a woman, dying in consequence of a fracture in the cervical portion of the spinal column, who was being suffocated in consequence of the accumulation of gas in the intestines, was relieved by means of puncturing the intestine with a fine aspirating needle sufficiently and for a long enough time to make a will. In another case a patient dying of peritonitis was relieved so much as to encourage the belief that the operation had proved of great service in lessening the discomforts of his inevitable death.

In cases of this sort we believe that puncturing the intestines is a measure which ought to be resorted to, and can believe that in some cases it may prove of more than temporary utility. Certainly the very strong and positive statements of Prof. Demons suggest that there may be too much dread in the minds of surgeons in regard to this procedure, and that it may have a field of usefulness which warrants a more general consideration than it has heretofore enjoyed.—*Philadelphia Medical and Surgical Reporter*.

MEMBRANOUS DYSMENORRHOEA.—This disease, which almost every practitioner may be called upon to treat, is not always readily diagnosed unless it be by the microscope, nor does a complete cure result with any degree of frequency. Dr. J. N. Martin, of Ann Arbor, Mich., gives a few notes (*Med. News*) on the treatment of this disease, which will doubtless be of considerable service, as he has usually had satisfactory results with his plan. He briefly explains the chief phenomena of this disease as follows: The cervical canal is large enough to allow fluid menstrual secretions to pass without causing pain, but the passage of membranous formations is accompanied by much expulsive effort and consequent pain. Where the disease is of long standing the uterus is also implicated, and there is inflammatory as well as membranous dysmenorrhœa. The nervous system is markedly

affected by the extreme suffering which is present, so much so in some cases that the patients become nervous or mental wrecks.

He regards the indications for treatment as being fully met by the following plan: Hot water douches should be given once or twice daily between the periods, and applications should be made to the interior of the uterus, two or three times a week, of equal parts of Churchill's tincture of iodine and carbolic acid in 5 per cent. solution. Tampons may be used, saturated with glycerine, hydrastis or boro-glyceride, in 10 to 20 per cent. solution. The constitutional condition should be attended to, and general or nerve tonics may be found necessary. Bromides and opiates should be withheld so far as possible.

For two or three months the cervical canal should be divulsed five or seven days before the period; membranes may thus be more easily expelled. Inflammatory disturbances may sometimes be aggravated for a time, but a majority of cases are benefited. The uterus is to be curetted with a dull curette midway between the periods, followed by applications of bichloride to the interior of the uterus in the strength of 1 to 300 or 400; this may be repeated for from two to five months. Of seven patients treated by this method, but one failed to receive benefit; two were entirely cured and the others much improved.—*Weekly Medical Review*.

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ARISTOL.—At the meeting of the Société de Thérapeutique of Paris, held March 12, 1890, and reported in the *Progrès Médical*, March 22, 1890, Dr. Boymond read a paper on the subject of aristol. As a remedy in skin diseases aristol is claimed to be an efficient substitute for iodoform and iodol. It is innocuous and odorless. The substance is obtained in the form of a brownish red precipitate, by treating a solution of iodine in iodide of potassium with thymol dissolved in caustic soda. Aristol is properly a biniodide of dithymol. It is insoluble in water, slightly soluble in alcohol, and easily so in ether. It may be applied in mixture with fatty oils, or as a powder to wounds and burns. It is not absorbed into the system, and no toxic action has ever been observed to follow its use. It is as efficacious as

chrysarobin in the treatment of psoriasis; but it does not stain the skin nor produce conjunctivitis.

The following formula for aristol salve is recommended by Eichhoff:

R Aristol.....3-10 parts;  
Vaseline..... 30 parts. M.

It is well, after application of the ointment, to cover the affected parts with protective or rubber. The drug may be applied two or three times daily.

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TENTH INTERNATIONAL MEDICAL CONGRESS.—The Committee of Organization of the Tenth International Medical Congress, R. Virchow, President; E. von Bergmann, E. Leydon, W. Waldeyer, Vice Presidents; O. Lassar, Secretary-General, have appointed the undersigned members of an American Committee for the purpose of enlisting the sympathy and co-operation of the American profession.

We are assured that the medical men of our country will receive a hearty welcome in Berlin. The Congress promises to prove of inestimable value in its educational results, and in securing the ties of international professional brotherhood. It is most important that the American profession should participate both in its labors and its fruits.

Delegates of American medical societies and institutions and individual members of the profession will be admitted on equal terms. The undersigned, therefore, beg to express their hope that a large number of the distinguished men of our country will appreciate both the honor conferred by this cordial invitation and the opportunity afforded us to fitly represent American medicine.

The Congress will be held at Berlin, from the 4th to the 9th of August.

The arrangements in regard to a few general meetings and the main scientific work, which is delegated to the sections, are the same as in former sessions. A medico-scientific exhibition, the programme of which has been published a few weeks ago, is to form an ingredient part. It is to the latter that the Berlin Com-

mittee is very anxious that both the scientific and the secular press should be requested to give the greatest possible publicity.

The office of the Secretary-General is Karlstrasse 19, N. W., Berlin, Germany.

S. C. Busey, Washington, D. C.	Wm. T. Lusk, New York.
Wm. H. Draper, New York.	Wm. Osler, Boston, Mass.
R. H. Fitz, Boston, Mass.	Wm. Pepper, Philadelphia, Pa.
H. Hun, Albany, N. Y.	J. P. Porcher, Charleston, S. C.
A. Jacobi, New York.	J. Stewart, Montreal, Can.

**INVITATION TO THE THE INTERNATIONAL MEDICO-SCIENTIFIC  
EXHIBITION, BERLIN, AUGUST, 1890.**

In connection with the Tenth International Medical Congress, to be held in Berlin, August 4th-9th, 1890, there will be an International Medico-Scientific Exhibition.

The undersigned Committee of Organization has been authorized, by the representatives of the medical faculties and leading medical societies of the German Empire to make the preliminary arrangements. We therefore cordially invite all who may wish to exhibit or participate in the above Exhibition. All exhibits, however, to be of a scientific nature.

The exhibits expected will be as follows :

1. New or improved Scientific Instruments for Biological and Special Medical Purposes, including apparatus for Photography and Spectral Analysis pertaining to medicine.
2. New Pharmacological Chemical Substances and Preparations.
3. New Pharmaceutical Substances and Preparations.
4. New Food Preparations.
5. New or improved Instruments for internal and external medicine and allied specialties, including Electrotherapy.
6. Plans and Models (new) of Hospitals, Houses for convalescents, disinfection, and general Bath-houses.
7. New appliances, such as pertain to nursing the sick, including the methods of transportation, and baths for the sick.
8. Apparatus (new) for Hygienic Purposes.

The special committee on "Exhibition" consists of the follow-

ing gentlemen: Commerzienrath, Paul Dorffel, H. Haensch, Director, Dr. J. F. Holtz, Director, Dr. L. Loewenherz, Regierungsrath, Dr. J. Petri, H. Windler, and the Secretary-General of the Committee of Organization. The names of the associate members of the Exhibition Committee, as well as the names of the heads of departments, will be made known shortly, also the conditions for exhibitors.

For applications for exhibits, and information, please address Dr. O. Lassar, Secretary-General, Bureau of the Tenth International Medical Congress, Berlin, N. W. Carlstrasse No. 19.

Please designate all mail matter relating to the exhibition "Exhibition Affairs," and also enclose a visiting card, or card of the firm, on which the name and residence is plainly written or printed.

The Bureau is open for the present from 5 to 7 o'clock P. M.

*The Committee of Organization of the Tenth International Medical Congress*—Dr. Rudolf Virchow, President; Dr. E. von Bergmann, Dr. E. Leyden, Dr. W. Waldeyer, Vice Presidents; Dr. O. Lassar, Secretary-General.

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CONTAGIOUSNESS OF PNEUMONIA.—From a long article by Netter on "The Contagiousness of Pneumonia," these conclusions are drawn:

1. Pneumonia is a contagious disease of parasitic origin, and is transmissible either directly or by the intervention of a third person, or by inanimate objects, such as wearing apparel, etc.
2. The pneumococci are not destroyed by desiccation, and are diffusible through the air, but not to great distances, at most the intervals between three hospital beds. They maintain their virulence for a period which has not been definitely determined, but probably never more than three years.
3. Contagion is possible through the entire course of the disease, and even after recovery.
4. The period of incubation averages from five to seven days, but may vary between one and twenty.
5. Patients who have passed through pneumonia are dangerous both to themselves and their neighbors, as living micrococci may

be found in their saliva many years after. Thence, in part, the epidemic appearances of the disease in certain families during long periods, and also its frequent recurrence in certain individuals who have once survived it.

6. Rigid quarantine seems hardly necessary, but other persons should avoid intimate relations with them. The sick room should be ventilated and disinfected as thoroughly as possible and every precaution taken to prevent the spread of the disease as in other contagions.—*Times and Register*.

THE TREATMENT OF GOITRE BY INJECTION OF IODOFORM.—Prof. Mosetig, of Vienna, has treated the soft varieties of goitre during the past ten years by injection of iodoform. His results have been excellent, and the patients have not been compelled to abstain from their usual avocations during the entire period of treatment. Under antiseptic precautions the following solution is injected with a Pravaz syringe :

R	Iodoform.....	1.0
	Ætheris.....	5.0
	Ol. olivæ.....	9.0

or

R	Iodoform.....	1.0
	Ætheris	} .....aa 7.0
	Ol. olivæ	

This solution should be protected from the light and only used so long as it is of a light yellowish color.

The canula is inserted to a depth of two to three centimeters, and then the fluid is slowly injected. To determine whether the needle has actually penetrated the tissue of the goitre, the patient is told to swallow, when, if the needle is imbedded in the gland, it will follow the movements of the goitre. The smallest quantity injected is 1 gramme, and the author has injected as much as 4 grammes in two places at one sitting. The procedure is repeated at intervals of three to eight days. According to the size of the tumor five to ten injections are required to effect a cure. The reaction following the operation was always slight, and consisted of attacks of pain and coughing, which, however, ceased within an hour.—*Surg. Prog.*

THE BEST AGE FOR THE OPERATION FOR HARE-LIP.—M. Forgeue, discussing this subject in the *Gazette Hebdomadaire de Médecine et de Chirurgie*, believes that the question should be settled by statistics. Reports by different authorities are, however, conflicting. Results are modified by numerous causes, and the operation should not be held responsible for the defective conditions usually existing in the ill-formed. Death occurring several weeks after the operation is usually to be attributed to these unfavorable natural conditions. No rule can be laid down for all classes; the decision must depend largely upon the character of the case. A small fissure in a strong child may be closed at once. In certain ill-nourished children the operation should be postponed till the second three months, while very complicated cases should not be attempted under the age of two years. It is unwise in any case to wait until the fourth or fifth year, for the parts have then become so fixed that a satisfactory result can rarely be obtained.—*N. Y. Med. Jour.*

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HYPERHYDROSIS PEDUM (FETID FEET).—Dr. Panienski *Noainy lek*, 1889, No. 8), in fifty cases of excessive sweating of the feet which had resisted other treatment, has used a 5 per cent. solution of chromic acid painted on the soles, with gratifying results. Of the fifty cases thirty-six were entirely cured; the remaining ones were much benefited. The treatment consists in painting the affected soles with the solution once, or, in rebellious cases, three or four times in five to eight days, and in case the trouble returns after a few weeks the treatment is repeated once or twice. The author has not observed any accident resulting from this treatment.—*Deutsche Med. Wochenschrift*, 1889.—*Satellite*.

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DIURETIN, A NEW DIURETIC.—The *Apotheker Zeitung* states that a new remedy which has been placed upon the German market under the trade name of *diuretin* is, in fact, theobromine sodium salicylate, containing 50 per cent. of theobromine. It comes in the shape of a white powder, which is soluble in half its weight of warm water, and does not precipitate out on cool-

ing (theobromine being soluble in 1,600 parts of water). It must, therefore, be preserved in well-stoppered vials. The action of the drug is directly upon the kidneys, and the effect is powerfully diuretic. It has been found useful in kidney and heart trouble, in which digitalis and strophanthus have failed to be of service.—*Pacific Record*.

TO REMOVE SUPERFLUOUS HAIR, according to the *British and Colonial Druggist*, a good depilatory is made by mixing together in fine powder, 50 parts of barium sulphhydrate, 25 parts of starch, 25 parts of oxide of zinc, and making into a paste with sufficient water. This is spread on the surface which is to be freed from hair, about an eighth of an inch thick, and allowed to dry. When this is effected (it generally takes about ten minutes), the mass is removed, leaving a perfectly hairless surface. Irritation does not occur, but the mixture should not be applied to the same place on two consecutive days.—*College and Clinical Record*.

PREScription FOR ECZEMA.—According to the *Centralblatt für die Gesammte Therapie*, Saafeld uses the following ointment in cases of pustular eczema:

R Potassium carbonate.....	15 grains.
Salol.....	75 grains.
Olive oil.....	150 minims.
Sulphur.....	1½ drachms.
Zinc oxide.....	8½ drachms.
Starch.....	8½ drachms.
Lanolin sufficient to make .....	6 ounces. M.

—*Med. News*.

SULPHUR, always heretofore considered an elemental substance, is now declared to be a compound of carbon with other elements. Dr. Theodore Gross, of Berlin, read a paper before the Vienna Academy of Sciences, detailing experiments which seemed to prove that sulphur, especially precipitated sulphur and that in what is known as the allotropic form, is readily decomposed and leaves a residue of carbon.—*Phila. Med. and Surg. Reporter*.

Verily, what a remarkable element is carbon—charcoal, the Diamond, and now sulphur.—[Ed].



**MENTHOL IN THE VOMITING OF PREGNANCY.**—In the *Therapeutische Monatshefte* for January, Dr. Weiss suggests the administration of menthol for controlling the vomiting of pregnancy. He orders every hour a teaspoonful of the following mixture :

R	Menthol.....	gr. vx.
	Alcohol.....	3v.
	Syrupi.....	3i. M.

**ERGOTINE IN ERYSIPELAS.**—Dr. Geo. C. Kingsbury has found a 50 per cent. solution of ergotine in distilled water, applied frequently, with a camel's hair brush, to and around the affected area "a painless, rapid, and almost certain cure;" in not fewer than thirty cases it practically effected a cure in one day. —*British Medical Journal*, March 15, 1890.

**URTICARIA** occurring at night may be successfully aborted (says Dr. Ohmann-Dumesnil in *Med. Chips*, January, 1889) by the administration, at the time of the onset, of a pill containing one-sixtieth of a grain of atropine. Of course, the patient's general condition should receive subsequent care.

**WHO CAN LEARN IT ALL?**—The celebrated Jonathan Hutchinson recently exhibited a case of skin disease before a medical society, with the statement that he was unable to make the diagnosis. —*Canada Med. Record*.

**ANTISEPTIC VALUE OF ACETIC ACID.**—Dr. R. Schæffer, gives in the *Berlin Klin Wochensch*, the result of his investigations of acetic acid with reference to its action on the anthrax bacillus and the staphylococcus aureus. On the ground of the investigation he differs with Battlehover, who recommends vinegar as a safe antiseptic in uterine injections. He says that it becomes rapidly mouldy, and that is against all rules of cleanliness to inject a fluid, containing numerous fungi, into the uterus.

**SANDER & SONS' Eucalypti Extract (Eucalyptol).**—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Greifswald.

## *Reviews and Book Notices*

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A TREATISE ON ORTHOPEDIC SURGERY, by EDWARD H. BRADFORD, M. D., Surgeon to the Children's Hospital, Boston City Hospital, and Samaritan Hospital; Instructor in Clinical Surgery, Harvard Medical School; and RICHARD W. LOVETT, M. D., Surgeon to the Samaritan Hospital; Ass't Out-patient Surgeon to the Children's Hospital; Out-patient Surgeon to the Carney Hospital; formerly Ass't Surgeon to the N. Y. Orthopedic Dispensary and Hospital. 8 vo., Cloth, pp. 783, illustrated with 789 Wood Engravings. Wm. Wood & Co., 56 and 58 LaFayette Place, New York, 1890.

In my personal experience, Orthopedic Surgery in recent years has become one of the most profitable departments of surgery, paying a handsome return to any one who will devote to it a unity of purpose, perseverance, energy and a careful attention to its necessary details. By its means many a poor sufferer has been snatched from the very brink of the grave, with its edge crumbling beneath his halting, but progressive tread; while others have been relieved of untold tortures from the demon pain; and yet others instead of being a burden upon friends, the life-time inmate of an alms-house or other charitable institution, have been restored to a vital activity that almost appeared miraculous, and have become "hustlers" in this go-ahead, work-a-day age; to say nothing of those who "deformed," have been "sent into this breathing world scarce half made up," or by accident or other cause have become so, and have been relieved of their oppressive burdens, restored to the "human shape, divine" and "become a thing of beauty and a joy forever."

The series "Specialties in Practice of Medicine issued by Messrs. Wood & Co., cannot but become eminent to-day, and hereafter, and be regarded as most valuable acquisitions to medical literature, by the publication of so grand and excellent a

work as the one due to the joint labors of Drs. Bradford and Lovett.

Other volumes devoted exclusively to Orthopedics have appeared, and the subject is duly considered by many authors on General Surgery, but I have heretofore seen nothing in this line that I regard as more valuable than this outcome of 1890. It is well written, carefully considered, plain, practical and instructive, and is fully up with the most recent developments of this progressive age.

I do not think I can do better than to quote in full the following modest preface as showing briefly the scope of the work :

"The writers of previous works on Orthopedic Surgery have confined themselves to the consideration of the treatment of existing deformities, such as club-foot, lateral curvature, and bow legs. The only conspicuous exception to this is found in the excellent book of Dr. Sayre. But the term Orthopedic Surgery, if it is properly defined, should include the prevention as well as the cure of deformity. For this reason the diseases of the joints have been considered by us at considerable length, inasmuch as they are among the most common sources of deformity and disability.

We have endeavored throughout to include such subjects as are likely to come to the attention of those who interest themselves in the practice of this branch of surgery. In this way, besides the consideration of joint disease and Pott's disease, we have added a brief description of some disabling and deforming nervous affections, which we have only attempted to discuss in their practical surgical aspect. The deformities resulting from fractures, dislocations, and burns are so fully treated in works on general surgery that they have not been considered here."

HOW TO EXAMINE FOR LIFE INSURANCE. BY JOHN M. KEATING, M. D., President of the Association of Life Insurance Medical Directors, etc. 8 vo. cloth, pp. 210. P. Blackiston, Son & Co., Publishers, 1012 Walnut street, Philadelphia, 1890.

In this day and age, when the important field of life insurance is attracting in so great an extent the financial interests of the

country, frequent calls are made upon physicians in all parts of the land to make the necessary medical examinations. While many are familiar with the necessary details, and are well qualified in the special field of physical diagnosis, it may be considered superfluous to devote a special book to them, yet a cursory examination of Dr. Keating's valuable work will prove that there are many suggestions that will not only lessen the labor, make its results more accurate, and prove of great importance, which may be given by a man of his extended and varied experience in this particular field.

Dr. Keating has done his work well, and given us a valuable manual that is both plain and practical. The illustrations are excellent, the printing and binding of the best, and the instructions to medical examiners as issued by more than twenty of the leading life insurance companies, among which may be noted the Connecticut Mutual of Hartford, the New York Life, the Equitable, and others of like standard character, we regard as peculiarly valuable.

**ELECTRICITY IN THE DISEASES OF WOMEN**, with special reference to the application of strong currents. BY G. BETTON MASSEY, M. D., Physician to the Gynæcological Department of Howard Hospital; late Electro-Therapeutist to the Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases; Member of the American Neurological Association, of the Philadelphia Neurological Society, of the Franklin Institute, etc. Second edition. Revised and enlarged; with new and original wood engravings. 12 mo. cloth. Over 200 pages. Price, in the United States and Canada, \$1.50 net, post-paid; Great Britain, 6s. 6d.; France, 9fr. 35. F. A. Davis, 1231 Filbert street, Philadelphia, Publisher, 1890.

Just one year ago we had occasion to speak in the highest terms of this excellent little work. That our views were correct is demonstrated by the appearance of a *second edition* in so short a time. The opportunity has been taken in preparing the second edition for a thorough revision of the text, and the addition of the latest additions of new electro-therapeutic contributions to gynæcology; and so considerable has been the progress of defi-

nite knowledge in the art that it was deemed necessary to re-write at least four entire chapters, and add new ones, on subinvolution and chronic inflammatory diseases of the appendages.

For the convenience of students, graphic representations of the law of Ohm, and of the laws of current diffusion have been added to the appendix.

**MAY'S DISEASES OF WOMEN**, being a concise and systematic exposition of the Theory and Practice of Gynecology, for the use of students and practitioners. 2nd Edition, revised by Leonard S. Rau, M. D., Attending Gynecologist to Harlem Hospital, Out-door Department, New York; Attendant to the Out-door Department Bellevue Hospital, etc. 12 mo., Cloth, pp. 371, with 31 Wood Cuts. Lea Bros., & Co., Publishers, Philadelphia, 1890.

The author in his preface to the 1st edition in 1885, says that he "has aimed to give, in as concise a manner as possible," an exposition of the accepted views of gynecology." Condensing, classifying and arranging, so as to make a short and systematic treatise. Intending it "as an aid to the student who, after having carefully perused larger works, desires to review the subject." Further stating that "it may also be useful to the practitioner who wishes to refresh his memory rapidly, but has not the time to consult larger works."

Five years later, the editor in his preface to the second edition, claims to have maintained the condensing process, and "hopes that it will continue to occupy the position of aid to the student and practitioner."

I regret to say that I regard the work as unnecessary—and am afraid it will only serve to mislead the student, and cannot but believe that it will prove useless to any practitioner.

**WOOD'S MEDICAL AND SURGICAL MONOGRAPHS**, consisting of original treatises and reproductions in English of books and monographs selected from the latest literature of foreign countries, with all illustrations. 8 vo. leatherette, pp. 250. Published monthly. Vol. VI., No. 2, May, 1890. Price \$10.00 per annum, single copies \$1.00. Wm. Wood & Co., 56 and 58 Lafayette Place, New York, 1890.

Vol. VI., No. 2, May, 1890, of this valuable series contains the following valuable monographs:

1. Insanity at the Pubescent, Climacteric and Puerperal Periods, by W. Bevan Lewis, L. R. C. P.

2. Treatment of Diseases of Women by Massage, by Dr. Robt. Ziegenspeck, Munich.

3. Treatment of Internal Derangements of the Knee-joint by Operation, by Herbert Wm. Allingham, F. R. C. S.

4. Idiopathic Enlargements of the Heart, by Dr. Oscar Fraentzel, Berlin.

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### *Editorial.*

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#### AMERICAN MEDICAL ASSOCIATION.—FORTY-FIRST ANNUAL MEETING, HELD AT VENDOME THEATRE, NASHVILLE, TENN.

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FIRST DAY'S SESSION, TUESDAY, MAY 20, 1890.

Promptly at 11 o'clock Dr. W. T. Briggs, Chairman of the General Committee, announced that the proceedings of the American Medical Association would be opened with prayer by Rev. Jere Wither-  
spoon, D. D.

Dr. Nathan S. Davis, of Chicago, Ill., the founder and father of the American Medical Association, was the first man to register at the forty-first annual meeting of the association.

Dr. W. T. Briggs extended a welcome to the association in the name of the physicians. They were representatives of a noble profession, he said. They had come through noble impulses. They had come to maintain and elevate the dignity of their profession. He then referred to the meeting in Nashville thirty-three years ago and commented on the changes that had occurred; of the developments in the medical science in all its branches; of the growth of Nashville to a city of 100,000 people, and the development of her manufactures; how the tramp of marching armies had been heard, and passed away; of the work of restoration, the upbuilding of colleges and universities. He welcomed the association heartily and cordially. The citizens understood the importance of their deliberations and were prepared to extend every courtesy to the visitors. They wanted all to leave with an everlasting memory of the warm hand of Southern hospitality. [Applause].

Gov. Taylor being absent from the city, Col. Thos. D. Craighead made the address of welcome. He said he welcomed them to the representative State of the Old South. The energy displayed was born of necessity, and the upbuilding of the South was the result of Southern energy and brain, used with Southern capital, and no foreign capital was responsible for the progress of the South.

He was surprised that the association should come to Nashville a second time. It was the healthiest city in America. He had not the figures to prove this, but he had state pride enough to assert it anyhow. He welcomed them heartily in the names of all citizens of the State.

Mayor P. C. McCarver then welcomed the association in the name of the citizens of Nashville. Mr. McCarver's address was brief but full of humorous references that pleased the audience. He referred to the old country doctor who carried a drug store in his saddle bags, was the authority in his neighborhood on all points of dispute, and to the young doctor who looked more like a preacher than a doctor, as he received his diploma, but after the banquet looked more like a doctor than a preacher. Mr. McCarver believed he voiced the sentiments of all the citizens when he welcomed the association to the city.

An invitation was read from Gen. W. H. Jackson for all the members of the association to visit Belle Meade. [Applause].

President E. M. Moore was introduced and delivered his annual address. Dr. Moore said another year had brought the association to a renewal of its labors. The Americans cared nothing for health and wasted it. When gone they spent thousands to secure it. To pursue life in a reasonable manner was the act of a rare man. He then spoke of legislation concerning health matters and said he had studied all the laws ever passed by Congress on the subject—not a difficult matter. He gave a brief history of such national legislation and described the revolution in public opinion in the '60's when the cholera prevailed. As soon as the epidemic subsided, however, interest lapsed and nothing was done again for ten years.

He then went on to show how there was always great precautions in the time of pestilence, but none at all adequate unless known danger threatened. President Moore then made an able argument for the establishment of a National Board of Health, and State Boards of Health with full power to control matters of quarantine and sanitation generally. Every town and county should have a board. He attacked the "shotgun" policy of quarantine, and said it was inhuman and destructive of commercial interests.

President Moore then gave a history of the outbreak and prevalence of pleuro-pneumonia.

President Moore's address was an able history of public health legislation in this country. After dealing with epidemic disease he drifted on to food inspection, and closed by saying the time had now come for establishing a Department of Public Health with its minister a member of the cabinet.

Dr. Brodie, of Michigan, moved a vote of thanks to the President for his address.

Dr. Grissom, of North Carolina, moved that the association formally express its endorsement of the plan of establishing a Department of Public Health. Unanimously adopted.

The names of the States were then called and large cards with the State printed thereon handed to representatives of each. This was done that the State delegations might get together and each elect a member of the Nominating Committee.

The meeting then informally broke up, to assemble at 10 o'clock next day.

#### SECOND DAY'S SESSION, WEDNESDAY, MAY 21, 1890.

The proceedings were opened with prayer by Rev. J. R. Winchester, who asked divine blessings on the association and upon the patients of the delegates.

There were a number of announcements made, including an invitation from Dr. Price, of the Nashville College for Young Ladies, for a part of the association to visit his school and witness the gymnastic exercises by the young ladies of the school.

The names of the States were then called for the announcement of members of the Nominating Committee. The committee was announced as follows: Alabama, W. H. Saunders; Arkansas, D. A. Linthicum; California, Winslow Anderson; Colorado, E. B. Carlin; Connecticut, W. C. Wile; Dakota, S. J. Coyne; District of Columbia, Robert Reyburn; Florida, J. P. Wall; Georgia, T. S. Hopkins; Illinois, J. H. Hollister; Indiana, J. G. Cook; Iowa, J. G. Crover; Kansas, J. E. Minney; Kentucky, William H. Wathen; Louisiana, T. L. Bland; Maine, A. Gosland; Maryland, A. A. Friesanais; Massachusetts, Dr. J. L. Williamson; Minnesota, J. H. Murphy; Michigan, H. O. Walker; Mississippi, D. W. Trimble, Missouri, W. P. King; New Jersey, W. Perry Watson; North Carolina, Eugene Grissom; New York, H. D. Didama; Nebraska, M. M. Knapp;



Ohio, C. H. Hyatt; Pennsylvania, W. H. Daly; South Carolina, E. J. Mackin; Tennessee, J. B. Murfree; Texas, B. F. Eves; Utah, F. H. Bascom; Vermont, C. L. Allen; Virginia, J. E. Chancellor; Wisconsin, J. T. Reed; Washington, W. T. Willsey; United States Army, Dr. T. Baxter; United States Navy, Dr. Dean; United States Marine Hospital, J. B. Hamilton; New Mexico, E. L. Stephens.

It was announced that a patient having filaria, a lower form of animal life in the blood, would be exhibited at the Section on Surgery and Anatomy in Watkins Hall.

On motion the name of Section 8 was changed from Medical Jurisprudence to the Section of Neurology and Medical Jurisprudence.

The question of changing the working plans of the association was then brought up and occupied several minutes, until Dr. Davis, of Chicago, made the point of order that the discussion was not in order and the matter was laid aside.

Dr. N. S. Davis, of Chicago, the father of the association, then delivered his address on "General Medicine." Dr. Davis' address was a review of some of the most important items presented in the field of practical medicine. It was strictly scientific and devoted to fevers. It was the tendency, Dr. Davis said, to find a specific remedy for each disease, and the chemist had lost no time in supplying an almost endless variety of antiseptics, germicides and antidotes. He then went into the science of fevers, which were morbid conditions of the blood. The use of anti-pyretics did not lessen the duration of disease, he said, but often resulted in the much-dreaded cardiac troubles and injury to the respiratory organs.

The construction of the blood was then discussed, and the action of anti-pyretics on fevers described. Concerning the use of alcoholic liquors in the treatment of continued fevers he showed by statements of experiments that vitality was lowered instead of increased as desired. The direct effect of alcohol on the blood was to lessen the amount of oxygenation of the blood, causing it to produce loss of sensibility and vaso-motor nerve force; or in other words, a true anæsthetic effect upon the nerve centres. The result was that instead of generating any kind or form of force or energy, alcohol in the blood actually diminishes every known force, and instead of conserving the tissues, diminishes and prevents metabolic changes, and thereby promotes both molecular and tissue degenerations, as so uniformly seen resulting from chronic alcoholism.

He cited a large number of clinical statistics and said the conclusion was, that the use of alcoholics and the more recent internal anti-pyretic remedies in the treatment of typhoid fever, uniformly result in one death for every four to seven cases treated ; while cases of the same fever treated without any use of these remedies result in only one death for every seventeen to twenty cases. Statistics to support these statements were given. He then discussed the theory of disease and how the highest degree of success in the treatment of acute general disease must be reached. The patient must first be separated from the further action of both the specific and predisposing causes of his disease. The natural elimination and the direct obstruction of heat must be promoted. Local morbid developments must be palliated, and remedial agents must be adapted to the actual stage of the progress of the disease, and specific remedies could only be used when aimed at specific causes early in the morbid stage.

Dr. Davis received vigorous applause, and a vote of thanks for his able paper.

The Secretary then read the report of the Chairman of the Rush Monument Committee. Responses to the appeal for aid to build the monument had not been liberal. The fact that in Italy, France and other countries, monuments were erected to the most prominent physicians was commented on. The committee proposes to make personal application, and when the association next assembles in Washington, as it hopes to do coincidently with the opening ceremonies of the Columbian quadri-centennial celebration, the corner-stone of the Rush monument shall then be laid.

The Treasurer of the committee reported \$4,505.65 collected and \$15.50 disbursed ; now on hand \$5,488.19. Both reports were ordered printed in the *Journal*.

The Board of trustees then reported concerning the *Journal*. The circulation is now over 5,000.

Dr. Seiler, of Philadelphia, sprung the question as to who was responsible for the publication of the *Journal*.

The President of the Board of Trustees, Dr. Hooper of Little Rock, announced that the association had no legal standing and there was no responsibility.

Inquiry was then made as to why papers read were left over for a year or so, while papers not read were published.

The discussion was dropped temporarily and the report adopted.

Dr. Comegys, of Cincinnati, then offered a resolution that a committee be appointed with authority to report concerning the enlarging of the *Journal*, the strengthening of its editorial management, etc.

Dr. Shoemaker, of Philadelphia, resented the criticism implied upon the board. It was unkind, unfriendly and unjust to the Board of Trustees, and after all the trouble of editing the *Journal* without compensation, with limited space and thousands of papers, it was impossible to publish everything promptly. He hoped this censure would not be passed. If the association could not uphold the present Board of Trustees, let it appoint a new one. He begged that the Board which had labored so faithfully to build up this *Journal* be allowed to carry it on to its coming success.

On motion of Dr. Kellar, of Arkansas, the motion was almost unanimously laid upon the table.

Dr. Seiler insisted that some of his questions had not been answered and the Chair replied that it was not proposed to answer all the gentleman's questions.

Dr. Davis was then accorded the privilege of the floor, and discussed the enlargement of the *Journal*. The papers read before the association could not all be published promptly unless the numbers for the first two or three months after the meeting be made good sized volumes. If a volume was issued it would be placed on the shelves and never read, but with a weekly issue of from fifteen to twenty double pages the papers were read, and were of some service.

Amendments to the constitution were announced to be in order.

Dr. Kellar, of Arkansas, offered an amendment to repeal that section allowing the sections to elect their own officers and giving the power to the Nominating Committee.

Dr. Bell, of Brooklyn, opposed the amendment.

Dr. Bailey, of Louisville, thought delegates should register with the section that they intended to vote with and be allowed to vote with no other.

Dr. Keller said this had been ordered, but not observed. He had seen delegates running from one section to another, getting men to come in and vote to elect a particular friend or defeat a man that was disliked. He had witnessed scenes that would be disgraceful at any ward in this city or any other city in a political election.

A motion to table the amendment was rejected by a vote of 66 ayes, 74 nays.

The amendment was then adopted by a vote of 72 ayes, 61 nays.

The question was then raised as to whether or not the constitution required a two-third vote for an amendment, and the constitution was consulted and found to read two-thirds. Thereupon the author claimed the amendment to be a by-law.

The Chairman said he could not so decide it. Nobody seemed to understand it. So he declared all the action taken to be null and void.

The association then adjourned until next day at 10 o'clock.

#### THIRD DAY'S SESSION, THURSDAY, MAY 22, 1890.

Rev. R. Lin Cave opened the proceedings with prayer.

A number of announcements were then made. The delegates were invited to call on Mrs. Polk at 5 o'clock P. M.

The Committee on Nominations, Dr. Eugene Grissom, of Raleigh, N. C., Chairman reported as follows for officers for the ensuing year: President, W. T. Briggs, Tennessee; First Vice-President, C. A. Lindsley, Connecticut; Second Vice-President, R. C. Moore, Nebraska; Third Vice-President, H. C. Wyman, Michigan; Fourth Vice-President, L. P. Gibson, Arkansas; Treasurer, R. J. Dungleison, Pennsylvania; Permanent Secretary, W. B. Atkinson, Pennsylvania; Librarian, C. L. Richardson, District of Columbia; Trustees of Journal, J. B. Hamilton, District of Columbia J. V. Shoemaker, Pennsylvania; D. E. Nelson, Tennessee.

Judicial Committee—X. C. Scott, M. D., Ohio; W. F. Peck, M. D., Iowa; J. A. Lane, M. D., Kansas; J. H. Murphy, M. D., Minnesota; T. J. Happel, M. D., Tennessee; D. J. Roberts, M. D., Tennessee; A. Garcelon, M. D., Maine.

Committee of State Medicine—Alabama, Jerome Cochrane; Arkansas, T. E. Murrell; California, W. F. McNutt; Colorado, P. V. Carlin; Connecticut, G. H. Price; Dakota, F. J. Kenyon; Delaware, L. P. Brush; District of Columbia, J. B. Hamilton; Florida, F. H. Caldwell; Georgia, Dr. Bullard; Illinois, H. A. Johnson; Indiana, F. W. Beard; Iowa, G. F. Jenkins; Kansas, W. L. Schenck; Kentucky, John McCormack; Louisiana, Dr. Bemiss; Maine, F. Foster; Maryland, G. H. Rohe; Massachusetts, Dr. Abbott; Minnesota, P. H. Willard; Michigan, H. B. Baker; Mississippi, Wirt Johnson; Missouri, E. W. Schaeffer; North Carolina, Dr. Tucker; New Jersey, Dowling Benjamin; New York, C. H. Moore; New Mexico, F. H. Atkins; Nebraska, J. R. Hazzard; Ohio, Dr. Coleman; Oregon, W. D. Baker; Pennsylvania, Dr. Bishop; Rhode Island, H. R. Stoner; South Carolina, G. Simons; Tennessee, J. H. Callender;

Texas, J. R. Briggs; Utah, F. S. Bascom; Vermont, E. R. Campbell; Virginia, H. T. Nelson; West Virginia, S. L. Japson; Wisconsin, B. O. Reynolds; Washington, J. T. Wilsey; United States Army, F. C. Ainsworth; United States Navy, T. Wolverton; United States M. H. S., Walter Wyman.

Committee on Necrology—Alabama, J. T. Searcy; Arkansas, R. G. Jennings; California, W. Anderson; Colorado, W. H. Hawkins; Connecticut, W. A. M. Wainright; Dakota, F. M. Crain; Delaware, L. P. Brush; Florida, F. Stringer; Georgia, Dr. Cortelyou; Illinois, C. P. Corn; Indiana, J. F. Hibberd; Iowa, D. M. Crouse; Kansas, Levi Horner; Kentucky, William Bailey; Louisiana, J. R. Matthews; Maine, A. J. Fuller; Maryland, David Street; Massachusetts, H. A. Morley; Minnesota, W. W. Mayo; Michigan, W. B. Alword; Mississippi, B. F. Kittrill; Missouri, J. M. Jordan; North Carolina, Charles James O'Hagan; New Jersey, J. D. Hough; New York, Nathan Jacobson; New Mexico, Louis Kenyon; Nebraska, D. C. Bryant; Ohio, L. P. Deahofer; Oregon, Dr. Schackelford; Pennsylvania, T. M. Shaw; Rhode Island, Dr. Chapin; South Carolina, A. A. Moore; Tennessee, F. L. Sim; Texas, W. P. Bents; Vermont, M. R. Crain; Virginia, L. B. Edwards; Wisconsin, J. G. Meachem; West Virginia, Dr. Barbee; Washington, N. G. Essig; United States Army, C. R. Greenleaf; United States Navy, I. W. Ross; United States Marine Hospital, F. Irwin.

To deliver the Annual Addresses—"General Medicine," E. L. Shurley, Michigan; on "General Surgery," Joseph M. Matthews, Kentucky; on "State Medicine," W. L. Schenck, Kansas.

The question of adopting the report then came up, and the discussion was very lively.

Dr. Walker, of Michigan, moved to amend by inserting Washington for San Francisco.

Dr. Shoemaker, of Philadelphia, made the point of order that the Association had already decided to meet in Washington every second year.

Dr. Hyatt, of Ohio, favored Washington.

Dr. Gabin, of Omaha, Neb., moved that Omaha be substituted for Washington, and made an eloquent appeal that the invitation extended by the Omaha society be accepted. He described the beauties and advantages of the city, and said accommodations for all the sections would be had within two blocks.

After some discussion as to the proper manner of procedure, the vote was taken. Only about one-fourth of those present preferred Omaha to San Francisco, so that motion failed.

The question of substituting Washington for San Francisco then came up, and the substitution was made, so the Association goes to Washington next year, as the report was adopted as amended.

Dr. D. W. G. Pattison, of Washington, was made Chairman of the Committee on Arrangements, and Dr. C. H. A. Kleinschmidt, Secretary. Dr. Grissom, Chairman, conducted the discussion of the report and displayed considerable parliamentary knowledge and presence of mind in pushing the questions to a vote. His action was approved by the delegates.

Dr. Samuel Logan, of New Orleans, then delivered the annual address on General Surgery. He began by saying he would give some of the improvements that had been made in general surgery during the past few years. One of the most important subjects in the practice was general anæsthesia. Thorough investigation showed that chloroform, when it resulted fatally, arrested respiration before it affected the heart. He then gave minute details of the proper method of administering chloroform. It should be given largely diluted and very gradually. Ether should be given undiluted and very rapidly. Dr. Logan gave a detailed description of all the different stages in administering anæsthetics, and told what phases should be avoided and how to remedy any ill-effects displayed. He then gave an account of the progress made during the past year.

Dr. Logan gave a synopsis of Dr. Kenyon's report on an investigation of the condition of the nurses in the New Orleans Hospital just before operations were to be performed, and twenty-five out of the twenty-seven examined had micro-organisms on them. He then discussed the dangers of transmitting blood affections by contact of a medical attendant's hands with a patient, in surgical departments especially. The address was full of interesting facts in connection with surgery, cases being cited. Dr. Logan closed by urging unity in diversity. Whatever advances were made in one line or field will benefit the whole line of battle. Dr. Logan was vigorously applauded, and his address ordered published in the *Journal*.

Dr. Wood, Chairman of the Committee on Dietetics, then made his report. He thought the white race in America had not improved to that extent that it should. Notwithstanding the salubrious climate, the race was on a decline. If jaws and teeth were properly used in

mastication, they would develop into strong and healthy parts. The culinary art had been carried too far. If it did away with the necessity for mastication, why not carry it a step further and do away with the necessity for digestion? The habit of washing down food with drink caused small jaws and poor teeth, and was the cause of more lack of beauty than any other one thing in America. Saliva was the only ferment with which food could be properly digested. The child fed on strong food, compelling mastication, would grow up into a strong, healthy adult, with good stature, plenty of vitality, and would live to a ripe old age. Defective jaws and teeth were the first step downward of the nation and race, would ultimately end in oblivion. This question lay at the threshold of our liberty and perpetuation of our race. With general and proper attention the Americans could develop into far more beautiful people than the ancient Greeks, who were a conglomeration of the blood of numerous barbarians. Science was our oratory and peace our pursuit. We had the blood, why not make it tell?

Dr. Wood's address was listened to attentively and vigorously applauded. Dr. Wood is a fluent writer, an easy speaker, and an author of some note, "Tancredie, a Tale of the Opera," being his best known work.

The Secretary of the Committee on Dietetics reported favoring the change of the name of Section 1 to "Section on Dietetics and Physiology." Adopted.

Dr. Willard, of St. Paul, reported the resolutions adopted by the association formed yesterday of medical colleges, and asked that the American Medical Association give its hearty approval of the report. The report was approved.

Dr. Moyer, of the Chicago Medical Association, offered a resolution that at future meetings all business be conducted on the floor of the house, and that the President recognize no member upon the platform except the Secretary; but the President may invite any one to address the Association from the platform. At former meetings most of the business had been conducted on the platform, and he thought all delegates should be on the floor on equal terms.

A motion to table the resolution failed.

Dr. Grissom said no reflection was made in the resolution upon any former Association meeting, nor individuals. It was universal parliamentary law that all speakers should step down upon the floor to speak.

Dr. Davis moved to amend by adding "and Chairman of the Committee on Arrangements."

Dr. Murphy did not favor inviting gentlemen to the platform and then putting a cob in their mouth.

Dr. Brodie, of Detroit, opposed the resolution and called attention to the fact that Mr. Grissom, who had made a flowery speech, had read his committee report from the platform. The resolution was adopted.

The following Committee on President's Address was announced to report next year: W. S. Schenck, Kansas; B. Lee, Pennsylvania; T. B. Evans, Maryland; E. Grissom, North Carolina; H. B. Baker, Michigan.

The floor was then granted to several gentlemen to make explanations, and this promised to last into the night, when Dr. Davis asked if there was anything before the house, and finding that there was not, he moved to adjourn. Carried.

#### FOURTH DAY'S SESSION, FRIDAY, MAY 23, 1890.

Rev. Geo. A. Lofton, of the Central Baptist Church, led in prayer, beseeching that the influence of this meeting of the greatest association of men in this great scientific age be long felt; that the duties be completed and all delegates allowed to return safely to their homes.

Dr. Alford L. Carroll's address on "State Medicine" was read by title, he not being present.

The officers of the section so far as reported were announced as follows:

*Surgery and Anatomy.*—Chairman, Dr. McGrew, of Detroit; Vice-President, Dr. J. B. Deaver, of Philadelphia; Secretary, Dr. W. E. B. Davis, of Alabama.

*Medicine, Materia Medica and Practice.*—Chairman, Dr. W. Osler; Secretary, Dr. George Dock, Galveston.

*Ophthalmology.*—Dr. Leartus Connor, Detroit; Secretary, Dr. T. E. Murrell, Little Rock, Ark.

*State Medicine.*—Chairman, J. D. Plunket; Vice-Chairman, C. A. Ruggles, of California; Secretary, F. S. Bascom, of Utah.

*Diseases of Children.*—Chairman, W. P. Wharton, New York; Secretary, H. A. Hare, Pennsylvania.

*Dental and Oral Surgery.*—Chairman, Dr. Eugene S. Talbot, Chicago; Secretary, Dr. Henry W. Morgan, Nashville.



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*Dermatology and Syphilography*.—Chairman, L. D. Bulkley; Secretary, W. T. Corbett.

The President announced the appointment of delegates to attend the International Conference of Medicine, at Berlin, Germany.

Dr. Brodie offered a resolution that all who desired to attend could have commissions as delegates signed by the Secretary on application.

On motion of Dr. Hollister, each section was authorized to copy-right its programme so that it be published in the *Journal* exclusively.

On motion of Dr. Toner, the chair appointed a committee to consider the question of holding a centennial celebration of the discovery of vaccination in 1896. Dr. Toner was made Chairman.

Dr. Toner resigned the position on the Board of Trustees for the *Journal*, and notwithstanding his protest President Moore was elected to the vacancy.

On motion Materia Medica was removed to a new section to consist of Materia Medica and Pharmacy. Dr. Frank Woodbury, of Philadelphia, was elected Chairman of the new section, and Dr. W. G. Ewing, of Nashville, Secretary.

A number of reports were read, including that of the Committee on Coroners. The office, it said, was too often a political one and filled by incompetent men. The following resolution was presented by the Committee and adopted unanimously :

*Resolved*, That the American Medical Association respectfully call the attention of the various State Boards of Health and State Medical Societies, to the subject of a careful revision of the coroner laws, and be requested to take an active interest to secure such legislation as, in their judgment, may seem best to accomplish this purpose.

The communication from the Tennessee Druggists' Association concerning the prescription of patent medicines was read.

Dr. Shoemaker, of Philadelphia, moved to refer to the Section on Pharmacy.

Dr. Daly, of Pittsburgh, moved in lieu that the communication be received and approved, and the thanks of the Association be returned. Carried.

It was moved that a vote of thanks be returned to Dr. Atkinson for his long and faithful services as Permanent Secretary. Adopted with the amendment that the Board of Trustees be requested to appropriate \$100 for him.

The Committee on Resolutions concerning the death of Dr. John

W. Jackson, First Vice-President of the Association, reported, and the report was adopted.

Dr. Brooks expressed the thanks of the Association to the local committees for attention shown. In no city in the world were there more beautiful women or hospitable men.

Dr. Shoemaker, of Philadelphia, made an eloquent speech, saying in no other city in the country, North, South, East or West, was it possible for such cordial, genuine hospitality to be shown to people of the North. He offered the following resolutions, which were unanimously adopted :

*Resolved*, That the American Medical Association wishes to express their high appreciation to the Chairman of the Committee of Arrangements and the profession of Nashville for their prompt and efficient arrangements during the meeting of the Association in this city.

*Resolved*. That the Association tender their thanks and warm appreciation especially to President and Mrs. Briggs, Dr. and Mrs. Richardson, Mr. and Mrs. Wilson, Mrs. Ex-President Polk, Mrs. Conally, Mrs. Watkins, the Ladies' Committee and assistants, Prof. and Mrs. Hancock, Gen. Jackson and the citizens of Nashville for their cordial reception and handsome entertainment given to the members of the Association.

*Resolved*, That we return thanks to the newspapers, the clubs, the hotels and the railroad companies of Nashville for the many considerations extended the American Medical Association.

Dr. Moore, the retiring President, then personally and in the name of the Association thanked the ladies of the city for their unequalled entertainments.

Dr. Davis, Brodie and others made addresses expressing their hearty appreciation of the courtesies shown.

Dr. Moore, retiring President, then briefly introduced Dr. Briggs, the newly-elected President, who in a few words expressed his high appreciation of the honor conferred upon him. The Association then adjourned *sine die*.

#### THE EXHIBITORS DID A GOOD BUSINESS AND ARE WELL PLEASED.

The exhibitors were all very well pleased with their business here. Some of them have had great success. Over fifty dental and surgical chairs were sold in the hall. A large number of the dental and surgical instruments were disposed of, one or two exhibitors selling nearly all they had on hand. A large number of the McIntosh Galvano-Faradic Batteries were sold to physicians. In fact, all the parties having goods for sale did very well and all the parties who advertised

by distributing samples have made arrangements to place their goods on sale here. Dr. J. Berrien Lindsley, who was Chairman of the Committee on Exhibitions, deserves great credit for the success of the affair. All of the sixty or more exhibitors were pleased with their treatment. Dr. Lindsley had entire charge, and for two weeks has devoted his entire time and attention to the exhibition.

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### MEETING OF THE ASSOCIATION OF AMERICAN MEDICAL EDITORS.

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There was about sixty-five editors in attendance when the Association met in the lecture-room of the Vanderbilt Law School, Monday night May, 19th ult. A number of local physicians and delegates witnessed the proceedings.

The address of welcome was made by Dr. J. Berrien Lindsley, who feelingly and heartily expressed his pleasure at meeting the visitors.

Dr. I. N. Love, of St. Louis, editor of the *Medical Mirror* and President of the Association, was introduced and delivered his annual address, in which he said, among other things:

"We often hear the statement that there are too many medical journals, but it is no more true than is the statement that there are too many doctors or workers in other fields. As long as good work is done and the governing thought of the worker is the accomplishment of the general good, there cannot be too many good workers either in journalism or any other field. The inexorable law of the survival of the fittest will obtain and solve the problem here as elsewhere."

Dr. F. L. Sim, of Memphis, read a paper on "The Needs of Journalism," urging that the evils of the secular press be avoided.

The statement that Dr. Hills had, within the past year, renounced homœopathy was received with applause.

A paper on "The Progress of Medical Literature" was then read by Dr. T. D. Crothers, of Hartford, Conn.

A committee was appointed to nominate officers for the Association for the ensuing year:

Dr. N. S. Davis, of Chicago, the father of the American Medical Association, by request, expressed his views of the papers that had been read. Dr. J. C. Culbertson also spoke.

The Committee on Nominations made the following report, which was unanimously adopted :

For President, Dr. F. L. Sim, Memphis; Vice-President, Dr. Frank Woodbury, Philadelphia; Secretary and Treasurer, Dr. J. C. Culbertson.

It was decided that at its next meeting the Association discuss the effects of the rapid increase of free dispensaries. The following committee on the question was appointed: Dr. N. S. Davis, Chicago; Dr. Frank Woodbury, Philadelphia, and Dr. John B. Hamilton, Washington, D. C.

The Association then adjourned to meet next year at the same place chosen by the American Medical Association.

Adjournment was then taken to Baxter Court Cafe, where the annual banquet was enjoyed. The following were the toasts and responses:

"American Medical Association"—Response by Dr. N. S. Davis, Chicago.

"Medical Journalists and the Medical Profession"—Response by Dr. Chas. H. Hughes, St. Louis.

"The Association Journal in Its Relation to the Profession and Other Medical Journals"—Response by Dr. Hollister, Chicago.

"Quarantine Health Affairs and the American Medical Profession"—Response by John B. Hamilton, M. D., Surgeon-General U. S. M. H. S.

"There is the East, but Why is it not Here in Larger Numbers?"—Response by Dr. Wm. Waugh, Philadelphia, Pa.

"The West, Which Can Always be Relied Upon"—Response by Dr. J. C. Culbertson, Cincinnati.

"The South, Ever Loyal and True to the Organized Medical Profession"—Response by Dr. Jos. Matthews, Louisville, Ky.

"Medicine—Broad Enough to Include Every Honest Member Desirous of Benefitting Humanity"—Response by Dr. Alfred K. Hills, New York, N. Y.

"The Committee on Nutrition"—Response by Dr. E. A. Woods, Pittsburg, Pa.

"Vanderbilt University—the Model University of the South"—Response by Dr. T. Menees, Nashville, Tenn.

"The Volunteer State, Tennessee, Whose Fair Women, Statesmen, Doctors, Horses, and Everything Else, Make Her the Jewel in the Crown of Southern States."—Response by Hon. Jos. H. Acklen, Nashville, Tenn.

LISTERINE.—The following is the conclusion of a very commendatory article in the *London Medical Recorder* for March, in regard to the above well-known preparation :

"Experience points to its reliability in obtaining that condition of asepsis which is the ideal of every surgeon, and it has the distinct advantage of being fragrant and non-poisonous. Its antiseptic and anti-fermentative properties are not confined to lesions of the surface structures, and it is largely used for internal medication, in doses of a teaspoonful, in suitable cases. It does not coagulate serous albumen, and it is thus free from the draw-back which so markedly limits the action of such agents as corrosive sublimate, most of which are, moreover, extremely poisonous. Listerine, then, is an agreeable and powerful antiseptic and deodorizer, well adapted for ordinary surgical work, available for internal administration, and useful for gargles, mouth-washes, and lotions, for which purpose it may be employed without hesitation, seeing that no mishap can occur, even in unskilled hands."

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THE NEW YORK MEDICAL JOURNAL in its issue for May 24, has a very fair synopsis of the work done in the general sessions of the American Medical Association, held in Nashville, May 20 to 23 inclusive. This energy, push and "go" is certainly commendable, and we can only attribute it to the inspiration of Nashville's Electric Street Railway system acting upon the enterprise ever characteristic of the *N. Y. Medical Journal*, which is certainly in the lead in the good year 1890. Go on Bro. Foster, and "may you live long and prosper."

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SANDER & SONS' Eucalypti Extract (Eucalytol).—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Griefswald.

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MR. E. F. KLOMAN, the representative of the New York Pharmacal Association is a live man, ready of tongue, and is merciful to the tired Doctor. His house has never been so well represented in this section.

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COCAINE has in occasional instances developed peculiar aphrodisiacal effects; therefore, be cautious how you use it in cases of your female patients.

## CONTENTS FOR JUNE, 1890.

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### ORIGINAL COMMUNICATIONS :—

Medical Matters in our Northwest Corner.—Sitka's Sanitary Status. By Will. F. Arnold, M. D.....	227
Traumatic Cataract. By A. G. Sinclair, M. D.....	233
Some Reflections on Pneumonia. By W. F. Drum- mond, M. D.....	236

### SELECTIONS :—

Puncture of the Intestine for Oclusion.....	240
Membranous Dysmenorrhœa.....	241
Aristol.....	242
Tenth International Medical Congress.....	243
Contagiousness of Pneumonia.....	245
Treatment of Goitre by Injection of Iodoform.....	246
The Best Age for the Operation of Hare Lip.....	247
Hyperhydrosis Pedum (Fetid Feet).....	247
Diuretin, a New Diuretic.....	247
To Remove Superfluous Hair.....	248
Prescription for Eczema.....	248
Sulphur.....	248
Menthol in the Vomiting of Pregnancy.....	249
Ergotine in Erysipelas.....	249
Urticaria.....	249
Who Can Learn It All?.....	249
Antiseptic Value of Acetic Acid.....	249

### EDITORIAL, REVIEWS, ETC:—

Reviews and Book Notices.....	250
American Medical Association.—Forty-first Annual Meeting, held at Vendome Theatre, Nashville, Tenn.	254
Meeting of the Association of American Medical Ed- itors.....	267
The New York Medical Journal.....	269
Editorial Items.....	269



# THE SOUTHERN PRACTITIONER.

AN INDEPENDENT MONTHLY JOURNAL,  
DEVOTED TO MEDICINE AND SURGERY  
SUBSCRIPTION PRICE, ONE DOLLAR PER YEAR

DEERING J. ROBERTS, M. D., - - Editor and Proprietor.

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NASHVILLE, JULY, 1890.

No. 7.

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## *Original Communications.*

### FEEDING IN THE WASTING DISEASES.\*

BY EPHRAIM CUTTER, A. M., M. D., LL.D.,  
M. D. Harvard 1856, and University of Pennsylvania, 1857.

AND

JOHN ASHBURTON CUTTER, M. D., B. C.,  
*Of New York City.*

First Section. Tuberculosis pulmonalis; one hundred cases.

Second Section. The fatty and fibroid degenerations; fifty cases.

Third Section. Male neurasthenia; fifty cases.

The following is an abstract.

First Section. Statistics of one hundred cases of consumption treated by food plans to be hereafter described.

#### RESUME.

SERIES I. Non-arrests; twenty-one cases.

a Cases that were not improved; nine.

---

\*A report presented to the Committee on Dietetics, of The American Medical Association, at its Forty-first Annual Meeting, 1890.

*b* Cases that were on partial diet, or were too irresolute; or had bad surroundings, financial, climatic, etc.; twelve.

**SERIES II.** Partial arrests; thirty-nine cases.

*a* Cases that followed the treatment faithfully; nineteen.

*b* Cases that did not follow the treatment faithfully; nine.

*c* Cases that had bad surroundings, that died of pneumonia, etc.; eleven.

**SERIES III.** Permanent arrests; forty cases.

*a* Tuberculosis; thirty-two cases.

*b* Pre-tuberculosis; eight cases.

In 1880, the senior writer presented to the American Medical Association, an article entitled, "The Salisbury Plans in Consumption," with the full text of seventy cases. To-day we come before you, not to laud or condemn Dr. Salisbury, but to simply give you in the concrete, what has been brought before us, in our daily work with consumption of the lungs, as we have attacked the disease believing it to be first and last a food disease, climate and other causes, were considered as secondary, and therefore this contribution will be of the more value to this Committee of Dietetics.

**SERIES I.** Non-arrests; twenty-one cases.

*a* Cases that were not improved; nine.

*Illustrative Case.* See transactions American Medical Association, 1880, pp. 333-408, case 7. 1877, August 28, M. H. S., fisherman, Lanesville, (Cape Ann Mass.) aged 33 years. Father died of phthisis. Mother living, been sick two months. He states that he took cold and went out fishing. Was exposed and took more cold; except two attacks of typhoid fever, was perfectly well before. General appearance bad; cough is constant and severe; no hæmoptysis; no dyspnoea except on going up stairs; severe pain in shoulders; appetite poor; bowels regular; has lost flesh and strength; night-sweats copious; pulse weak; hands shake badly.

*Physical signs.* Dullness on percussion and crackling over right upper third front and lower third back; feeble inspiration, almost flat on percussion; no crackling, but the respiratory murmur was heard underneath. Inspection of the blood revealed

spores and spore collects in abundance. Fibrin and mycelial filaments. Red corpuscles adhesive, sticky, irregularly massed, pale in color. Mr. S. went upon the treatment with quinine. It was his intention to come up from the Cape again, but he was unable to do so, and, despite the means used, he died not long after.

*Remarks.* At the time it did not seem to the writer that his case was so hopeless. Still, his history teaches that one must not trust too much to first appearances. It is a disadvantage to see a patient only once. It was reported that he faithfully used the diet. It is well, however, to compare the case with some of the very sick ones that were cured as noted in Series III. The lesson taught is simply that the physician should never refuse to take a case, and should never be too free in his promises of recovery.

b Cases that were on partial diet; were too irresolute; had bad surroundings, financial, climatic, etc.; twelve in number.

*Illustrative.* See case 1, loc. cit., widow, aged 43 years, small sized, thin, anxious and nervous. Asthmatic complication, old abscesses of the mediastinum, diarrhoea, dyspepsia, sleeplessness, severe cough, dullness on percussion with constant crepitant rales over both upper thirds front. Great dyspnoea at times. Abnormal valvular sounds of the heart. No albumen in urine. Altogether the most distressed and suffering case of consumption I had seen for some time. The effect of the animal diet, baths of mineral acids and quinine was to relieve, in a measure, the night sweats and abdominal pains. But the appetite turned against the animal food and it would often be rejected by vomiting. She was obliged then to carry out the regime only partially, particularly as she laid all her bad feelings, distresses and sickness to her food or medicine, and never to her disease. She suffered also greatly from prolapsus of the uterus, aggravated by the severe coughing. This case was not relieved by the special treatment recommended. The weakness of mind and body, induced by the presence of organic disease in the thoracic and abdominal viscera, was too great to be reached by perhaps any treatment. Indeed, just here it may be stated that no pretension is made toward cure of any but one-third of the cases; (Note—this was 1880, we now think that more can be cured, as see table) but to insure that

proportion it is necessary to have the treatment strictly carried out. The present case was one in which there was really no hope and only adopted as "a drowning man catches at a straw." It is thought best here to give simply the bad and good cases together, and let the reader judge for himself of the value of the data thus derived.

**SERIES II. Partial arrests; thirty-nine cases.**

*a* Cases that followed the treatment faithfully; nineteen.

*Illustrative case.* See No. 21, loc. cit. Mr. W., aged 60 in 1874, had been consumptive for two years; his occupation was that of an overseer of an umber paint mill. He had with a cough, marks of increasing debility, as loss of flesh, animation and courage. There was marked dullness on percussion, crep-  
itant and sonorous rales over the upper part of both lungs; the blood also presented fibrin filaments, marked spores. Several years since he lived upon animal food diet; his wife faithfully prepared the choicest meats for him, and what is more, has encouraged him in pursuing the uncommon diet. The case was rather unpromising at first, owing to its long standing and extent of the tubercle infiltration. He is, however, (1876) comparatively well. Cough is hardly preceptible. The physical signs are still to be detected, but with less marked characteristics. He attends to his business as usual. Says he expected to die, in which expectation the community shared. The blood shows great diminution in the foreign admixtures. In 1879, still living but very feeble. In October, he died.

**SERIES II. Temporary arrests.**

*b* Cases that did not follow the treatment faithfully; nine.

*Illustrative case.* See case 23, loc. cit. Miss C., aged 22, Residence Cape Cod. Seen July, 1875; amenorrhœa, cardiac trouble, dullness on percussion in upper part of both lungs, expiratory rales in same location. Blood was full of evidence of disease as shown by the enlarged white corpuscles, the spores and filaments; she had been under the hypophosphites of lime and soda. She was put upon the strict diet and mineral acid baths and was removed to New Hampshire. She was thin in flesh and unable to walk an eighth of a mile, from prostration under the

necessary effort. For the next three months she was not herself thoroughly convinced of the utility of the measures now proposed, still her friends were, and by means of their influence she adhered closely to diet and baths. Immediately there was an improvement in the cough, in flesh and strength, which continued. She walked two miles readily. Returned home for a visit in November. Here the diet was abandoned, ate everything she liked and took medicines. Remained at home four weeks. She ran rapidly down, lingering till she felt "she could not live two days." Returning to New Hampshire she improved but little. Remained there till April 1876, when being very much worse she returned home to die. Died in 1878. This case shows the power of the system to resist the disease, even when not following up the treatment; this resistance ought to be more relied on.

#### SERIES II. Temporary arrests.

c Cases that had bad surroundings; that died of pneumonia, etc; eleven cases.

*Illustrative case.* See case 27, loc. cit. "In October, 1874, Mrs. —, a woman with a very young child, that especially cried by night and kept its mother awake, was very pale and thin, coughing severely and raising largely. There was diminished resonance on percussion and crackling throughout the upper third of right lung. She adopted the diet and acid baths. In four months the cough was very slight. The physical signs diminished. Her softened lung tissue dried up. The appearance improved so much that a casual observer would have called her well. All the time she suckled her infant. Owing to the hard times she was obliged to relinquish her diet and would not accept it as a gift. Immediately she began to fail and died in the course of six months. The improvement in health kept pace exactly with the imposed diet. When she ate bread the cough returned; the expectoration was copious. The night-sweats reappeared. This shows markedly the relation of animal food to consumption. It is well worth knowing, for if these things "are done in the green tree what may be done in the dry?"

**SERIES III.** Arrests more permanent in character and might be termed cures if occurring in other diseases.

*a* Tubercular; thirty-two.

*b* Pre-tubercular; eight.

*Illustrative case.* See case No. 53, loc. cit. Mrs. Wall, Cleveland, Ohio, June 21st, 1877. Present condition: Suckling a four month's child. Active and doing her own housework; Looks like a person in ordinary health; coughs occasionally; no sputa; a good sized, rather flat-chested woman 35 years of age. *Chest:* Dullness on percussion and cavernous respiration over left upper third back. Dullness over the whole left back. Elsewhere normal. *Blood:* Inspection showed normal looking blood. Red corpuscles not massed; are distinct; well refined; rouleauxed; no febrin or mycelial filaments; white corpuscles not enlarged.

This report is more interesting when taken in connection with the following history: In February, 1865, Mrs. Wall had been sick in bed four months with the last stages of consumption. She was emaciated to a skeleton; weight, sixty pounds; usual weight one hundred and thirty pounds. Her physicians, who were regularly educated and skillful men, pronounced her left lung "gone," that is, riddled with tubercle that had softened and broken down in such a manner that the pulmonary substance was removed; had become useless and of course they gave a decidedly fatal prognosis. There was at this time a great caving in or flattening of the antero-posterior diameter of the chest due to atmospheric pressure enjoined with loss of lung substance. At this time she came under Dr. Salisbury's care. The patient's mother caused the treatment to be faithfully and assiduously followed out. Improvement slowly followed. In four month's time she was able to be out of doors and visit the city. After a time she resumed her profession as school teacher and taught successfully for four years. Five years ago she married and has borne three children, all healthy and vigorous. She likes her meat diet best, lives on it and works hard. The physical signs adduced show the marks of the ruin wrought in her lung and also show the tremendous power of food in managing or in affecting the course of organic pulmonary disease even in its third and hopeless stage. This history reads like fiction.

November, 1888, we heard from her that she had continued in good health. A beef eater.

*Illustrative Case, Unpublished.*—1881. Young man; cavities in both lungs; heart enlarged; emociated as badly as preceding case. Profuse hemoptysis; elastic and inelastic lung fibers in sputa; blood tubercular; was treated very carefully on these plans; was cured *i. e.*; his cough ceased; the lungs healed; the heart regained its normal size; he took on flesh and strength; went through Yale College; was graduated with honors. Is well and seen by us in December 1889.

*Pre-tubercular cases treated that may come under this head.* Eight in number.

*Illustrative Case.* See case 65, loc. cit. "In April, 1876, a young man eighteen and one half years, complained of feeling weak and listless. He had nocturnal and morning cough with slight expectoration. He was pale, thin and losing flesh. Consumption was hereditary on both sides of the family. There was no physical signs of pulmonic lesion. Inspection of the blood microscopically disclosed abundant signs of mischief, such as:

Fibrin filaments were marked in character—spores and spore collections—vegetative filaments—white corpuscles much enlarged and too numerous—corpuscles pale, sticky, outlines not cleanly out—aggregated. These taken together with the history and the rational signs, induced a diagnosis of the pre-tubercular stage. Under the use of acid baths and strict diet, the sanguineous and other signs began to disappear, so that in a year he was enabled to proceed to Germany and study music. Has been a beef eater *i. e.* eats more of it than people usually do; alive and well, 1890.

#### RATIONALE.

1. Tuberculosis is a systematic and not a local disease primarily.
2. Tuberculosis is a diseased condition or state due to the presence of a yeast in the blood with its fermentation products.
3. The yeast is introduced into the blood through the alimentary canal from starch and sugar in excess, and in a state of fermentation.

4. The physical micrographical conditions found in the blood of tubercular cases constitute the peculiar morphology so often alluded to. The main features are as follows :

- a. Spores of vinegar yeasts.
- b. Spore collects.
- c. Mycelial filaments of vinegar yeasts ; rare.
- d. Fibrin filaments unusually large and prominent.
- e. Enlarged massal white corpuscles. This enlargement proceeding from the white corpuscles being unusually fertile niduses of the vegetation, called entophytal, similar examples of which abound in algæ.
- f. Deprivation of the red disks of their coating of neurine, thus rendering them sticky, adhesive and siugularly inclined to aggregate themselves in confused masses. At the same time they lose their color, their clean-cut outlines and are diminished in number relatively and absolutely.
- g. Thrombi formed of the fibrin filaments ; of the corpuscles ; of the spore collects.
- h. All of the foregoing have been photographed with Tolles objectives, from one-fourth to his one-seventy-fifth.

5. The vegetation may exist in a latent state.

6. It may be transmitted from parent to child in the milk, but the greater point of interest is in the tuberculous diathesis, produced by the same feeding in families for generations.

7. The morphology [of the blood is commonly present some time during one year before organic disease. In other words, there is a new physical sign of the pretubercular state ; the senior writer has a monograph on that subject alone, illustrated with many micro-photographs.

8. Food, then, is the agent of tremendous power that causes tuberculosis.

9. The treatment is based on the idea of removing the cause by ridding the blood of the presence of the yeast and its fermentative products by a process of starvation.

10. Tubercle is a secondary product—a result from embolism caused by the minute thrombi of fibrin filaments—of the massal



corpuscles and of the spore collects, and also from mechanical and chemical effects of the embolism on nutrition.

11. The breaking down of the tissues comes from a necrosis caused by this overloading of them with the products of fermentation.

12. The yeast is also found in the alimentary canal, on the skin, in the sputum, etc.

13. Flour has been raised into bread by the dejects of third-stage consumptives.

14. The progress of the case is best watched and studied in the morphology of the blood. The spores are diminished, the filaments recovered. The enlarged massal white corpuscles are reduced in size to normal proportions; the red discs acquire their normal color, covering, and on clean outlines; the fibrin filaments are hardly visible. Thus the red discs dispose themselves in the normal manner, the more perfectly as the cure proceeds. Any deviation in the regimen is indicated by the increase of the abnormal morphological elements in the blood. As the blood improves, usually the general symptoms improves, *pari passu*. We have often witnessed, under treatment, the disappearance of rales of all kinds, night-sweats, emaciation, the reduction of the heart to normal size and frequency of beats, simply because of taking away the load it had to carry, when the blood was filled with emboli, and was ropy and sticky.

15. This diagnosis by blood examinations does not exclude ordinary physical explorations; it supplements them; we find that the ordinary of this diagnosis in the profession is that hæmology is like urinology, and all that is necessary is to take specimens of blood, just as we do urine, and base all our diagnosis of tuberculosis on such examinations. The very suggestion of this demonstrates how far the proposer is from having a true idea of the subject; the evidence must be collected with the least possible interval of time between the removal of the blood from its stream to the stage of the microscope; the capillary circulation is to be used, not the venous or the arterial; take blood from the radial or ulnar side of the forearm, by slight puncture with scarifactor or

scalpel; do not prick the end of the finger; the student must study the morphology of the skin as well as that of the blood.

16. There are other diseases in which the normal blood morphology is changed, to-wit: Rheumatism, cystinæmia, syphilis, ague, etc.

17. This rationale explains the cough, where it is not due to local irritation in the air-passages, such as hyperæmias, ulcers, infiltrations, reffex irritations, to the presence of carbonic acid gas in excess; sometimes it is wonderful how diminishing the fermentation does away with the cough.

18. This rationale explains hemorrhage as the result of local action of the vegetation on the glue tissues, the connective tissues being softened, disintegrated and broken down by the products of fermentative changes.

19. It explains the night sweats as due to the interstitial necrosis of tissues thus throwing more work on the skin; hence the injunction to take good care of the skin and help the lungs while they are being healed.

20. The emaciations and loss of flesh and strength are only the results of the great tissue destruction going on.

21. The sputum must be studied for lung fibres, for the various crystals that are found in asthmatic conditions and also the gravel, granular and encysted.

22. Old fashioned or fibrous consumption is due to the holding of the yeast products in the stomach, to the gradual paralysis of the lungs, with the consequent hyperplasia of the connective tissues, and to the deposit of gravel in the hyperplasia of the fibrous tissues; in this condition the blood morphology is not so much altered; the diagnosis must be made on the general grounds; the treatment is practically the same however.

23. The condition of the liver and kidneys can be determined by watching the urine; it should be tested at least twice a week and kept to sp. grs. of 1015 to 1020, free from odor or deposit.

24. Physiologists say that man cannot live on beef alone; the chemists say that beef contains all of the elements found in the tissues of the human body. We say, that in cases of consump-

tion, Bright's disease, uterine fibroids, etc. where the special case has indicated a rigid diet of beef, such a dietary has been ordered and some of the patients have lived on it alone for four years; thus the dictum of the physiologist is upset.

25. It has been sneeringly said, that all was needed, if the ideas here given as to consumption are true, that a man prescribe beef and hot water; yet the senior writer had his son study the general sciences for four years, medicine four more, and special cases three more years, before he was willing to leave his practice in his care; the art of treating chronic diseases, even by positive food plans and judicious medication, is an extremely hard one to acquire.

26. Air is food. Yet consumptives have been cured in the rawest and dampest climates, and so many times that we must go behind the old idea that the climate was the only cause of consumption; granted that bad climate helps to cause the disease, and so also will worry, trouble, grief, assist towards death; the sending of patients away from home comforts to die elsewhere is not the thing to be advised. If home comfort, good air, and the proper food can be combined, by all means do it. This is written with the knowledge that pulmonary disease has been arrested by climate. But our aim is to cure the cases wherever they are, because many cannot afford to change their climate, or to live the remainder of their lives in the Adirondacks or Colorado.

27. Remove from the atmosphere of the patients all doubters, sneerers and those that argue, but never cure; agnostic and nihilist, not content with helping no one, they will endeavor to pull down your work. More permanent arrests could have been secured of these one hundred cases if the patients had been left alone.

28. While encouraging the patient at all times and in all emergencies, give him to understand what he is fighting; that he must not waste his nerve forces by needless thought and worry, but to hold on persistently and wait for nature to do the work; each case is a law unto itself; can be seen by the study of the cases herein recorded; we are finite; death is certain; no

man will ever cure one hundred per cent. of his cases, may we say of any disease.

29. If all will take hold firmly, at least fifty per cent of tubercular cases can be cured, judging from our own clinical experience. Now that consumption is called a curable disease, the great load is lifted off and much more will be accomplished.

30. All cases of pre-tuberculosis ought to be cured, because here is a condition where there has been no destruction of tissue; this is where the exception to section 28 comes in, if, the practitioner will diagnosticate the condition, treat scientifically, and the patient obey orders.

31. All physicians who say these plans are foolishness, and who treat their cases by morphine, maltine and whiskey, we ask for publication of cases and the percentage of cures.

32. The diagnosis of pre-tuberculosis by blood examination, often negatively points out the seat of trouble to be in the heart or uterus, or perhaps some other organ; also cases of uterine disease complicated with tuberculosis should not be allowed to go untreated, but in making examination, the physician must go over the whole field, and find out all of the disease; some of the cases in this series, years ago, would have been benefitted if their uterine disease had been treated; granted the cause is systemic, for bad food is an etiological factor of uterine diseases, while treating systemically, use all of the modern means to attack the local troubles.

33. If men complain and say this dietary is too rigid, we will only reply, that the cases have demanded it, and will be very thankful when consumption can be cured by more pleasant means than we have employed.

34. Lastly as to Koch: In 1876, the morphology of consumptive blood was photographed with Tolles's objectives, to the highest power, his one-seventy-fifth; these micro-photographs have been exhibited here and abroad and we find none that equal them; this is written advisedly.

Bacteriology is but an extremely small portion of the micrological world; such algologists and phytologists as Prof. Paul F. Reinsch, of Ehrlangen, and Dr. Fr. Erecklund, physician of

the first class of the Royal Navy, Sweden, endorse this work, as covering a much larger field than bacteriology does ; if the proof was to be placed entirely on the results, then bacteriology must hold its head in shame as no cures have been effected by it ; but we are willing to controvert Koch on scientific grounds, and maintain the position that he has told but one-half the story ; that botanists have been fighting for years as to whether bacteria were simply babies of the fuller fledged vegetations ; that the bacillus was photographed in 1876 ; that the ability to diagnose pre-tuberculosis and tuberculosis by blood examinations, and the means thus afforded of watching the cases are worth immeasurably more than the diagnosis of consumption when the disease is apparent to all.

We are prepared to demonstrate the relations of the bacteria to the alcoholic and acetic acid yeast plants by micro-photographs.

*To be concluded in our next number.*

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### MEDICAL MEN SHOULD ZEALOUSLY AND JEALOUSLY MAINTAIN THE INTEGRITY OF THE SCIENCE OF MEDICINE.

---

BY J. W. PENN, M. D., OF HUMBOLDT, TENN.

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My purpose in offering this short communication to the readers of THE SOUTHERN PRACTITIONER, is to call their attention to an error dangerous and hurtful as I conceive, into which the profession at large to a greater or less extent, has fallen ; at least to the assumption and abuse of duties, rights and privileges, by designing and selfish individuals, who strictly speaking, are not medical men ; amounting to the usurpation literally, and practically of a function which is alone the prerogative of the highest order of professional talent and learning, coupled with the wisdom of experience, and the skill born of close and scrutinizing observation.

The innovation to which allusion is made, and which will be more fully explained further on, is at least tolerated, if not literally sanctioned by the profession.

The sincere votaries of our honored calling proudly designated it as the "Science of Medicine," and certainly this is not a vain assumption. To simplify the definition of terms; I understand the collection and systematic arrangement of all the demonstrable truths belonging to human knowledge to constitute science in general; while the grouping together of the facts peculiar to the different departments of knowledge, constitutes the definite or special sciences. Thus we have the science of medicine composed of, and comprising all that is known of the structure of the human body in health and in disease, and a knowledge of the means and their use in the preservation and restoration of health.

The science of medicine had its origin in the necessities of the human race. The existence of disease rendered the discovery and use of remedies for its relief and cure of prime importance and necessity, and as the children of men multiplied upon the face of the earth, and as their avocations became more and more diversified, and their ever varying interests and constantly increasing demands led them on from continent to continent, thus subjecting them to climatic vicissitudes, adding in a constantly increasing ratio to their catalogue of diseases, the demand for appropriate remedies correspondingly increased.

The obvious necessity for a systematic arrangement of whatever knowledge they possessed in relation to the treatment of disease, and the adoption of methods by which the work of ministering to the wants and necessities of the sick; lending at the same time expedition, accuracy and success to the important and responsible office of those who essayed to practice the "healing art," culminated in the development of the magnificent system which we are now so proud to denominate the "Science of Medicine."

It is, I believe, universally admitted, that the foundation of medicine when spoken of as a science is Anatomy, yet of but little, if any, less importance is Chemistry, and with almost equal propriety we may speak in praise of Physiology, Pathology, Surgery and Obstetrics, as indispensable integral parts of the great system. But after all, the *sine qua non*, is *Materia Medica*. Take out either of the other components and the system might

still exist and be eminently useful. But remove *materia medica* and the beautiful temple is undermined, and will fall a useless, shapeless mass of ruin ; consequently, to whatever extent innovation in this department is tolerated, the entire structure suffers corresponding injury.

What is the tendency if we judge by the signs of the times ? What great men of to-day are patiently laboring in the broad field of *Materia Medica*, as great men labored in the past, seeking zealously and earnestly to ascertain the exact physiological and therapeutic properties and effects of every mineral and herb not yet known to the pharmacopœia ; thus, from time to time, introducing to the profession remedies which come to us with the high endorsement of names which are recognized as authority in that department of the science of medicine ? From such hands alone, should regular practitioners of medicine accept articles of *Materia Medica* to be dispensed to their patrons under the sacred name remedies.

There should be among men bearing the honored title of Doctor of Medicine, a rule or law to this effect, inflexible as was the law of the Medes and Persians ; then from no other source would they be offered.

If we fail to discharge our duty to science, to humanity, and to ourselves, in what condition will our beloved science be when we turn it into the hands of our successors ? Shall we appear to them in the role of hospital stewards and walking advertisements of medicine vendors, whose nostrums we have dispensed according to their statements of therapeutic properties and directions as to use, or shall we be true to ourselves and prove that we have faithfully adhered to the landmarks so nobly established by the fathers, and passed on to us through clean hands ?

Does not the experience of every member of the medical profession warrant the assertion that the office table of every practitioner in the country is covered with circulars and pamphlets, which advertise in glowing terms wonderful remedies and new combinations for the cure of every ill to which human flesh is heir ?

The interest and coöperation of the physician is solicited, and

I fear too often obtained, by supplying him with elegant samples gratis, which he is expected to administer to his confiding patrons without the authority, endorsement or commendation even of any name that has a place in the scientific literature of his profession.

Has not science become wonderfully benevolent and deeply concerned on account of suffering humanity? So much so that, not contented with the shower of printed advertisements, which cover the face of the earth like the fall of autumn leaves, these wholesale manufacturers of healing remedies employ (at the expense of a deluded profession and confiding public), and send out men of the shrewdest address and keenest business tact, with tongues loosed, and forked at both ends, and working on a ball and socket joint in the middle, whose duty it is to visit the physicians and inform them of the properties, virtues and excellencies of the preparations which he represents, winding up his discourse with the assuring declaration that "our remedies took the first premium at the American Centennial in '76, and again last year at the Paris Exposition." Then in a confiding business tone he announces to his dumb listener the important professional fact that "our house sells only to regular druggists, for the exclusive use of physicians, and we prefer that the doctors will select from our list whatever preparations they may want, and have their druggist order them, so that they will be sure of having on hand any remedy they may prescribe."

Great God! has medicine come to this? Will regular physicians thus permit themselves to become the retail peddlers of wholesale nostrum venders? Whence, in the ninth decade of the nineteenth century, this wonderful ground-swell, this tidal wave, this volcanic upheaval in knowledge and supply of *Materia Medica*? Has Mercy touched and melted the hearts of Hygiea and Æsculapius, and caused them to unlock the portals of Paradise and send back the spirits of all the dead chemists, botanists and pharmacists to come and dwell in the bosoms of their living successors and guide them unerringly in the prosecution of their scientific labors? Or is it not from the opposite direction, with avarice at the bottom as the motive power to prompt men to feed



and fatten, cannibal-like, upon the flesh and blood of their own kind?

Is the physician who prescribes remedies of the physiological and therapeutic properties of which he has no knowledge, other than the mere statement of professionally irresponsible parties, dealing justly with his patron, who has entrusted to him his health and life because of the knowledge of medicine which he believes him to possess? Is he not dishonoring his Alma Mater, and is he not untrue to himself, both as a physician and a man, to thus lend his aid and influence to the promotion of the pecuniary interests of men who have perverted the high calling of the scientific pharmacist, and prostituted this essentially important department of our great science to the common level of a commercial industry?

Where are the Cullens, Eberles, Mitchells, Pereiras and Dunglisons of to-day? I will not say that we have no such men living, active, working men; but I will say that I fear the profession as a whole is not sufficiently familiar with the names and labors of the earnest devotees in this department of the science of medicine.

It is the duty of the physician in prescribing medicines to select his remedies alone from the articles declared officinal by his National Pharmacopœia, or such new remedies as come to him recommended by men who are acknowledged authority. It is an insult to medical men, and to the dignity of the medical profession, to have preparations purporting to be medicines offered to them, even thrust upon them, to be used in the performance of their sacred duties as physicians; by individuals who are not known to the profession, and who have no responsibility nor interest at stake except the sale of their merchandise.

This abuse calls loudly for reform upon every institution and organization to whose keeping is entrusted the honor of the science of medicine, and alike upon every individual member of the profession. Therefore, without meaning to be presumptuous, I would suggest that there should be incorporated in the Constitution of the American Medical Association, and in the Constitution of every State and County Medical Society, and in the

regulations and requirements of every institution having the power to confer the degree of Doctor of Medicine, a provision obligating every practitioner to prescribe only official articles of *Materia Medica*, or use such new remedies, not yet official, as have the endorsement of accredited professional authority.

If our fathers in medicine had not in view the observance of this law, why did they adopt a *Pharmacopœia*, and why were certain articles of *Materia Medica* declared official, and others not? Then if a law to this effect is right, and there exists an abuse of the principle involved, and reform is necessary, why may not the reform commence in and go out from the medical men of the State of Tennessee?

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### *Selections.*

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**MEDICAL EDUCATION AND MEDICAL COLLEGES.**—In response to the circulars sent out by the medical colleges of Baltimore, inviting a convention of delegates from all the medical colleges in this country, delegates representing fifty-five such colleges assembled in the Senate Chamber of the State House, Nashville, Tenn., and were called to order at 3 p. m., May 21, 1890. Prof. Friedenwald, for President, and Prof. Winslow Anderson, for Secretary, were made temporary officers. The Secretary having completed the list of delegates present, a committee of five was appointed to report on permanent organization. This committee, after a brief consultation, recommended a permanent organization to be called "The National Association of Medical Colleges," and nominated the following officers: For President, N. S. Davis, Chicago; First Vice-President, Aaron Friedenwald, Baltimore; Second Vice-President, H. D. Didama, Syracuse, N. Y.; Third Vice-President, T. Menees, Nashville, Tenn.; Fourth Vice-President, Samuel Logan, New Orleans; Fifth Vice-President, W. H. Pancoast, Philadelphia; Sixth Vice-President, C. A. Lindsley, New Haven, Ct.; Seventh Vice-President, W. F. Peck, Davenport, Ia.; Secretary and Treasurer, Perry H. Millard, St. Paul, Minn.

The report of the committee was accepted and the officers nominated were unanimously elected.

Dr. Davis, on taking the chair, briefly urged upon the convention the desirability of an immediate and general adoption of a more complete and graded curriculum of studies, longer annual courses of college instruction, and a fair standard of general education before entering upon medical studies. He stated that much advancement had been made, many of the best medical colleges in the country already fully occupying the advanced position desired; but the honor of the profession and the interests of the people alike require that all should come up to the same advanced standard.

A committee was appointed to report definite propositions for the consideration and action of the Association, and report to an adjourned meeting at 8 P. M., in the same place.

At the time and place designated the College Association was called to order by the President. The Committee on Business reported a series of propositions which were considered *seriatim*, and after some amendments were adopted as follows:

1. That the colleges represented in this Association adopt three graded courses, of not less than six months each, no two courses to be given in the same year.
2. That both oral and written examinations be required of all students.
3. That laboratory instruction in chemistry, histology and pathology be required.
4. That the colleges belonging to this Association demand the following examination of all applicants for matriculation, viz.: A composition in English of not less than 200 words; the translation of easy Latin prose, provided, that students be allowed one year to make up any deficiency in regard to this item; an examination in higher arithmetic and in elementary physics. It is provided, however, that candidates who are graduates or matriculates of recognized colleges of literature, science and art, or of normal schools supported by the different States, be exempt from the provisions of this examination. It is furthermore provided, that it shall be the duty of the Secretaries of the various colleges composing the Association to transmit, on request, to the Secretary of this Association a list of all the matriculates, to-

gether with a copy of all questions propounded at the matriculation examination. It is also provided, that all the matriculation examinations be in writing, and, when requested, the original papers shall be forwarded to the Secretary of this Association.

5. That the adoption and enforcement of the above requirements by a college be necessary to the admission of said college to this Association or to its continual membership in the same.

6. That the above requirements be enforced with the matriculates of the session of 1892-93.

7. That each college in this Association be assessed annually the sum of \$5 to defray necessary expenses.

The three first propositions were adopted without discussion and with apparent unanimity. The fourth, however, relating to a standard of preliminary education for matriculation in a medical college, elicited a free interchange of views, during which it became apparent that several delegates representing Southern and Southwestern colleges thought their respective institutions not quite prepared to enforce such a rule. No one claimed that a good general education was not exceedingly desirable as a preparation for commencing the study of medicine, but it was feared that its positive requirement would so far diminish the aggregate number of medical students as to leave some of the colleges without adequate support; or the greater fear that some colleges would not enforce the requirement and thereby fill their halls at the expense of those that did so in good faith.

All admitted that the proposed advance was desirable and must be made some time in the near future. This led to the suggestion that such colleges as desired a little time for further preparation be allowed two years before carrying all the requirements specified into practical effect, which was adopted as shown in the sixth proposition above. With this concession the requirements specified for matriculation, and all the other propositions, were adopted without further opposition, and in a spirit of harmony that portends the most gratifying results. It was evident from casual expressions that a large proportion of the delegates present were authorized to pledge their respective colleges to comply with the several propositions as adopted by the Asso-

ciation, but as others disclaimed having such authority, the Secretary was instructed to send a copy of the proceedings of this meeting to all the medical colleges in the country, asking them to indicate their sanction of the several propositions adopted, and their coöperation as members of this College Association.

When it is remembered that not less than fifty of our medical colleges, including many of the oldest and most influential in the country, are already practically fulfilling all the requirements proposed, and that the laws in several States are such that a diploma from colleges not complying with these requirements will not procure for its possessor even an examination for a license to practice, it must become evident to all that in less than five years the medical college that continues to grant diplomas after attendance on two repetitional courses of lectures and no preliminary requirements will find its halls deserted, notwithstanding the cheapness of the honors it confers. The present movement for a more general advance is made in a spirit of harmony and moderation, and it is hoped that it will be favored by every medical college possessing the elements of vitality and the necessary facilities for medical teaching.—*Journal of American Medical Association.*

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**SEXUAL DEBILITY.**—Probably the most frequent, and at the same time the most intractable cases which present themselves before a specialist in genito-urinary diseases, are those of "sexual debility;" and this, again, is most commonly exhibited in the forms of sexual impotence and nocturnal emissions. Both forms are usually the result of excess, but it is no uncommon thing to find a married man, with no trace of previous pernicious history, and of present temperate habits, complaining of oncoming sexual inability. These are of all cases the most unsatisfactory, owing to the serious mental depression which almost invariably accompanies them and which occasionally culminates in suicidal mania. In all these cases much may be done by improving the patient's general condition, which is usually below par, by attention to hygienic surroundings and by electropathic treatment. It is all important, however, that we should have the assistance of a really

reliable drug, but up to the present our efforts to procure such have not been over successful.

Lately, however, Messrs. Eli Lilly & Co., of Indianapolis, have introduced a pill composed of extract of damiana, in combination with phosphorus and nux vomica which has produced, in my practice, more satisfactory results than I have obtained from other remedies. The following brief notes refer to five cases in which I used the pills with beneficial results :

J. R., æt. 39, married, previous history good, married seven years ; was in full enjoyment of sexual faculties until six months ago, when he found himself gradually becoming impotent. Came to me four months ago. I treated him with the usual remedies, with varying results. Five weeks ago I commenced with the pil. aphrodisiaca, and there has been a slow but steady improvement. He feels better generally, and his mental condition, which had become considerably affected, is decidedly improved. I believe that, with a continuance of the treatment, he will make still further advancement. I may add that I have enjoined, as I invariably do in such cases, strict celibacy.

A. T. W., æt. 43, married. Came to me seven weeks ago in a very nervous condition, fearing that he was losing all sexual power. Acute pain in region of the prostate. I found the patient was suffering from an attack of prostatitis, which I cured, and then put him on the pil. aphrodisiaca (Lilly). Steadily improved. Feels better and stronger, and is certain in his own mind that he will get quite cured.

E. J. B., æt. 50, widower two years. Complained of a great feeling of weakness in the genital organs, accompanied by nocturnal emissions once a week, which occasion headache and lassitude. I put him on pil. aphrodisiaca four weeks ago, and used electric treatment to the prostatic urethra twice a week. Decided improvement. Increase of tone and vigour, and the patient has had no emission for three weeks.

B. B., æt. 19. Came to me five weeks ago. Nocturnal emissions every other night, sometimes twice in one night. This patient had practiced masturbation very extensively. Pil. aphrodisiaca, salt water bathing, and milk diet have produced marked

improvement. The emissions are less frequent—once in three or four days—and he is gaining flesh.

C. I. Y., æt. 25, single. Came to me four weeks ago. A victim to masturbation, which he had practiced, on and off, for ten years. Had tried several times to leave it off, but had not enough moral force to do so. Emissions almost every night. Incontinence of urine. Extreme general weakness and nervous exhaustion. I put him on pil. aphrodisiaca, with iron and quinine, as adjuncts. Salt water bathing, and electric treatment to the neck of bladder and prostatic urethra. He is slightly better. The emissions not so frequent, and he retains his urine longer. Not so nervous and feels better.

The above five cases are satisfactory, inasmuch as distinct improvement has been evidenced in all of them; and as the treatment will still be continued for some time, I think we may infer that the improvement will yet become more marked. I must, to be impartial, state that I have in other cases found the pil. aphrodisiaca give negative results. My experience, however, leads me to believe that we possess in it a valuable help in the treatment of genital weakness.—Gordon G. Jones, F. R. C. S. Edin. Etc., Surgeon to the Hospital for Urinary Diseases, Soho, W., in *Medical Reprint*, London, England.

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REMARKABLE FECUNDITY.—I was called to see Mrs. E. T. Page, January 10, 1890, about 4 o'clock, A. M.; found her in labor and at full time, although she assured me that her "time" was six weeks ahead. At 8 o'clock, A. M. I delivered her of a girl baby; I found there were triplets, and so informed her. At 11 A. M. I delivered her of the second girl, and after having rectified presentation which was singular, face, hands and feet, all presented, I placed in proper position, and practiced "version." This child was "still-born," and after considerable effort by artificial respiration it breathed and came around all right. The third girl was born at 11:40 A. M. This was the smallest one of the four. In attempting to take away placenta, to my astonishment I found the feet of another child. At 1 P. M. this one was

born ; the head of this child got firmly impacted at lower strait, and it was with a great deal of difficulty and much patient effort that it was finally disengaged ; it was blocked by a mass of placenta and cords. The first child had its own placenta ; the second and third had their placenta ; the fourth had also a placenta. They weighed at birth in the aggregate nineteen and a half pounds without clothing ; first weighing six pounds ; second five pounds ; third four and a half pounds ; fourth four pounds. In the country, and backwoods at that, it was impossible to procure a wet nurse, so with the little help we could control, and feeding the babies on Reed & Carnrick's Infant Food, they thrived well. From using all the foods on the market I long since found that that the above food possessed some qualities that I failed to find in the others. Mrs. Page is a blonde, about 36 years old, has given birth to fourteen children, twins three times before this ; one pair by her first husband. She has been married to Page three years and has had eight children in that time. I have waited on her each time.

Page is an Englishman, small, dark hair, age about 26, weighs about 115 pounds. There was quite an amusing incident occurred when I informed him that his wife would give birth to four children ; he fell across the bed by his wife's side, threw his heels away up in the air, clasped his legs with both hands, and with a long wail of despair, cried " Lord, God, Doctor ! what shall I do ? "

They are in St. Joseph, Mo., now, having contracted with Mr. Uffner, of New York, to travel and exhibit themselves in Denver, St. Joseph, Omaha and Nebraska City, then on to Boston, Mass., where they will spend the summer.

The birth of quadruplets is not so remarkable, but that they should live and thrive as these have done, is. In about 375,000 births there are quadruplets, and it is a remarkable fact that they always die. Will some of my brother M.D.'s give us their experience with quadruplets ?—J. DeLeon, M. D., of Ingersoll, Texas, in *Dietetic Gazette*.



THE LIGATION OF VARICOSE VEINS OF THE LEG.—Dr. Charles Phelps, in an interesting paper (*N. Y. Med. Jour.*, December 28, 1889) gives the following directions for the ligation of varicose veins of the lower extremities: In the ligation of varicose veins, as in all other operations, antiseptic methods and precautions in preparing the limb, in operating and in dressing should be scrupulously observed. If, however, by neglect of these, some suppuration occurs, he has not found it to do serious harm beyond the trouble it occasions in multiplying dressings and detaining the patient in bed. The distance between the ligatures should vary in accordance with the size and varicosity of the vein and its apparent or probable anastomoses. In long stretches of large but comparatively straight veins the intervals should not be greater than from one to two inches. Where there are masses of dilated and convoluted veins forming a tumor, it is impossible to include it in the ligatures, and they must be applied all around it and as closely as possible to it, embracing every immergent and emergent vein that can be discovered. He uses a catgut suture taken directly from the juniper oil and as small in size as possible consistent with necessary strength. The ligatures should be carried by a straight needle, preferably the Keyes-Reverdin, immediately behind the vein, and the needle unthreaded and withdrawn. The needle is then carried immediately in front of the vein through the openings which it has previously made, and the end of the ligature caught up and brought back. The vein is thus subcutaneously included in the ligature, which is then tied and cut short, and, if the catgut is fine enough, the knot pushed pack beneath the skin. If, however, the vein is larger, and coarser catgut has to be used, no trouble results from leaving the knot in the orifice of the wound; in fact, he prefers it. After the dressings have been applied, the limb should be placed upon a posterior splint and the patient kept in bed for about ten days or two weeks, after which he should wear a roller bandage for two months. The number of ligatures necessary to be applied is a matter of absolute indifference. The patient will recover just as rapidly whether he has few or many. He restricts the operation to: 1. Cases where

this condition constitutes disability in physical examination—as for admission to the army or navy, or for appointment in a municipal department. 2. Cases where the size of the veins, the formation of venous tumor, or the attenuation of the coats or tegumentary coverings threaten hemorrhage. 3. Cases where chronic ulceration or eczema exists. 4. Cases where circulation has been so far impaired as to occasion swelling of the feet or loss of power in the limb.—*American Jour. of the Med. Sciences.*

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THE CONTINUED USE OF BLUE MASS IN SMALL DOSES.—The patient selected to illustrate the effect was a man 55 years of age. About a year ago he gave evidence of heart failure. He had dyspnoea on exertion, difficulty in going up stairs or lifting weights, increasing œdema, and albumen in the urine without casts. He had been treated in various ways, chiefly by iron in conjunction with diuretics, as acetate of ammonia or nitrate of potash. The symptoms steadily increased until the œdema invaded the trunk and genitals, and he was almost confined to his room. When he came under treatment repeated trial was made with similar remedies, but finding no good result, and that the digestive system was in fairly good condition, the following pill was ordered: *Mass. hydrargyri. pulv. digitalis, cinchonidis sulph., aa gr. xl. Fiat mass. et div. in pil. No. xl. S.:* One pill three times a day. These pills were begun November 10th, and were continued regularly until November 22d, by which time the full number had been taken. He was also ordered to remain in bed until 7 o'clock each morning, thus securing at least eight hours rest. During the day he was directed to lie down for one hour. The only appreciable action of the remedy was a steadily improving tone of cardiac action, with increased secretion of urine, with diminished proportion of albumen, and progressive decrease of œdema. There had been no purgation and no evidence of mercurial action. The change in his appearance was extraordinary, as he seemed shrunken away, showing that the entire body had been infiltrated with serum. He felt weak, but the only remedy ordered was an ounce of whiskey twice daily. Upon this he rapidly regained his strength, and now seems in

very good condition and ready to return to work. I have in some cases of general œdema, both with weak heart and with organically diseased heart, given the above combination for much longer periods than in this case, and with remarkably good results. If the mouth is frequently washed with a solution of chlorate of potash, there does not seem much danger of pyalism, but a constant close watch for this should be kept up. The remedies should always be joined with carefully regulated hygiene and diet.—William Pepper, M. D., *University Magazine*.

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**INTESTINAL DISEASES OF INFANTS.**—In an interesting article published in the *Archives of Pediatrics*, May, 1890, Dr. W. S. Christopher, ably advocates the theory that all the so called summer complaints are due to ptomaine poisoning. The following is a summary of his conclusions:

1. Various forms of abnormal fermentation occur in the bowels, and when they occur in infants, and produce symptoms, they constitute the immediate cause of the collection of disease known as summer complaint.

2. Summer complaint so defined includes putrefactive constipation and all forms of diarrhœa and dysentery not diphtheritic in origin nor symptomatic of septicæmia.

3. The three great predisposing causes of summer complaint, viz., hot weather, overcrowding, and bottle-feeding, are to be regarded as acting solely as adjuvants to fermentation.

4. The diet during summer complaint should be determined entirely by the conditions within the bowels, and not by theoretical ideas as to Nature's food.

5. At least two well-marked forms of abnormal intestinal fermentation may be recognized clinically, viz., the putrid and the acid.

9. In the putrid fermentation, carbohydrates should constitute the food, and in the acid form albumen should be the only food.

7. Milk, containing, as it does, both proteids and carbohydrates, should be prohibited in all forms of intestinal fermentation. If properly sterilized, other food can be given; nursing

babies with severe summer complaint should be taken from the breast.

8. All food administered, of whatever type, should be aseptic.

9. In addition to regulating the diet on the foregoing principles, treatment should include laxatives and intestinal antiseptics.

10. The lesions are to be regarded as the results of the fermentation, and marked in portion to the duration of the disease.

11. The lesions assist in prolonging the disease, and in all probability act by providing a habitat for the micro-organisms, and by their secretions furnishing the germs with material with which to maintain their biological activity.

12. In chronic cases, where well-marked lesions may be supposed to exist, lavage of the large intestine and of the stomach, with appropriate antiseptic, is indicated.

13. Opium is contraindicated except in persistent acid fermentation which threatens to produce anatomical lesions.—*Medical News*.

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THE IDEAL MEDICAL JOURNAL:—In my judgement the best journal is the one which can present a fair epitome of the results achieved by the bacteriological, chemical, anatomical, physiological, pathological and the clinical workers; in fact I think that the best journal is the one which furnishes matter within the scope of all on the principle that he does the greatest good to the greatest number. Of course there can be no doubt but that the special journal, heavy with science, comes within the reach of only a few; and those who conduct it should not feel that it is any better because more exclusive than the more varied, practical, democratic and generally useful journal which caters to a larger number. I feel that every worker in the medical field should be induced to contribute his mite to the fund of knowledge.

There are those who have long been out of the scholastic groove working as slaves in the ranks of experience. The habit of jotting down their thoughts and ideas has long been broken. If called upon to contribute an article for a journal, the product,

viewed from the standpoint of the schools, might fall far short of perfection ; but that it would be valuable, I am sure cannot be denied. We often hear the announcement made by medical men that they will never write except they have something absolutely original. We must remember that by knowing the views and the work of other men, even though the record be commonplace, do we acknowledge the crystalization of our own knowledge. It is well to bear in mind, too, that the good and the true will bear repetition, and are seldom strikingly new.

What we want is the recorded observation of the workers in the medical vineyard. Men who hibernate in their closets and indulge in day dreams may evolve, by means of the proper equipment for scientific investigation, that which is of value ; but the practical worker can supply these deductions and test them in the severe school of experience ; and we need just such evidence as these practical workers can give. I claim, too, that the medical journal should be constantly on the lookout to present all that is of interest to the medical guild ; ever alert to advance their material good ; striving in the direction of the complete organization of its members.—*From Annual Address of I. Love, M. D., President American Medical Editors' Association.*

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**HYSTERIONICA BAYLAHUEN.**—*A Remedy for Diarrhœa and Dysentery, Acute and Chronic.*—Parke, Davis & Co. announce that they have obtained genuine supplies of this promising plant, and are prepared to furnish samples to physicians of a fluid extract for further trial.

This plant, which is a native of Chili, has been brought forward in the February 28th number of the *Bulletin General Therapeutique* by Dr. Baille, and also before him by Carvallo, of Valparaiso, as a remedy of very considerable value in gastrointestinal troubles, such as dysentery, colitis and flatulence from intestinal dyspepsia.

The conclusions reached by Baille as to the drug are as follows, after having studied it in each portion of the body *seriatim* : "It is an excellent remedy for diarrhœa and acts very well in

dysentery of the acute and chronic type, and bids fair to replace the balsams in the treatment of maladies of the respiratory passages.

In genito-urinary troubles hysterionica is of great value, favorably modifying the secretion of the urine and diminishing the bad odors. It can also be used in collodion as a dressing for ulcers, and seems under these circumstances to act very much like the tincture of benzoin."—*N. C. Med. Journal*.

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**AMPUTATION AT THE HIP JOINT.**—Myles proposes the following operation (*Brit. Med. Jour.*, Nov. 9, 1889): An inch below Poupart's ligament and half an inch external to the femoral artery a stout nickel or steel skewer is thrust through the thigh from before backward to emerge a little above the gluteal fold, passing internal to the neck of the bone in angle between the neck and the shaft of the femur. A rubber band is then passed on the inside of the thigh over the projecting ends of the skewer but at a slightly lower level, and an incision made vertically for two inches and then bending inward so as to form a tapering flap. The limb is then abducted, the capsule nicked, and the head of the femur turned out of its socket. At this point the operation may be varied by ligating the vessels in the inner flap by passing a rubber band in a similar manner about the base of the outer flap, which is formed by carrying the knife over the great trochanter and down the shaft close to the bone for a sufficient distance and then, bending outward to the surface.

The advantages alleged are its extreme rapidity, the complete control of hæmorrhage, the good drainage and apposition of the flaps, and the little liability to infection from the anns on account of the position of the wound.—*N. Y. Medical Journal*.

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**SANDER & SONS' Eucalypti Extract (Eucalyptol).**—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Greifswald.

**PAINFUL MENSTRUATION IN VIRGINS.**—Some workers in the field of diseases of women believe that the ills to which female flesh is heir can properly be charged to the reproductive organs, but the majority of broad-gauge practical physicians know that the "better-half" of mankind are liable to all forms of lesion and suffering which may be charged to all the individual portions of the animal economy.

The *Golden Gems of Goodell*, recently enunciated, should be printed in large type and placed prominently before the eyes of every doctor in the sacred sanctum wherein he mostly pursues his studies. They are as follows, viz :

First, always bear in mind that "women have some organs outside of the pelvis."

Second, each neurotic case will usually have a tale of fret or grief, of cark and care, of wear and tear.

Third, scant or delayed, or suppressed menstruation is far more frequently the result of nerve exhaustion than of uterine disease.

Fourth, ante flexion is not *per se* a pathological condition. It is so when associated with sterility or painful menstruation, and only then does it need treatment.

Fifth, an irritable bladder is more often a nerve symptom than a uterine one.

Sixth, in a large number of cases of supposed or of actual uterine disease which displays marked gastric disturbance, if the tongue be clean, the essential disease will be found to be neurotic, and must be treated as such.

Seventh, almost every supposed uterine case, characterized by excess of sensibility and by scantiness of will power, is essentially a neurosis.

Eighth, in the vast majority of cases in which a woman takes to bed and stays there indefinitely, from some supposed uterine lesion, she is bedridden from her brain and not from her womb.

Lastly, uterine symptoms are not always present in cases of uterine disease, nor when present, even urgent, do they necessarily come from uterine disease, for they may be merely nerve counterfeits of uterine disease.

These are the cases of painful or difficult menstruation particularly in virgins which seriously burden the conscientious

physician. Many such have come under my observation, and I have always felt that every general therapeutic means should be exhausted before local measures should be instituted; in fact in nearly all cases special treatment should be avoided with young girls.

For about six months I have treated numerous cases of such character with Ponca Compound in tablet form; actuated thereto by the suggestions thrown out by Dr. Deering J. Roberts, of Nashville, and Dr. W. T. Dixon, of Evansville, Ind. The Ponca Compound being presented to the profession by the Mellier Drug Co., of St. Louis, a name which has been synonymous with honesty, reliability and skill in pharmacy in St. Louis for almost half a century, I did not hesitate to use it. I find that each tablet contains Ex. Ponca, 3 grs.; Ext. *Mitchella Repens*, 1 gr.; *Caulophylin*,  $\frac{1}{2}$  gr.; *Helonin*,  $\frac{1}{2}$  gr.; *Viburnin*,  $\frac{1}{2}$  gr.

I usually administer one tablet every four hours, and so far am much gratified with the results. I feel that any remedy which will help us out in these cases should be welcomed.—*I. N. Love, M. D., in Medical Mirror.*

Ponca Compound is sold in boxes containing 100 Tablets each. Price, \$1.00 per box; \$8.00 per dozen boxes. Upon receipt of one dollar, a box, containing 100 tablets of Ponca Compound will be sent by mail to the address of any physician by the Mellier Drug Company, Sole Proprietors, St. Louis.

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**CELERINA.**—D. Connor, M. D., Simpsonville, Ky., says: I have used Celerina in my practice with very satisfactory results in nervous debility, and with good results in nervous headache, nervous prostration and sleeplessness, giving tone as well as quiet to the nervous system. I regard it as a splendid nerve tonic, I have used it in spermatorrhea with good results, and in a case of insanity it quieted the mental excitement and promoted sleep, and, as it is free from toxic effect, it can be used in doses to have the desired effect without any danger, which is more than can be said of some other medicines that are used as nerve tonics and sleep producing agents. I can conscientiously recommend it as a valuable nerve tonic in all cases of nervous prostration.



**CRYSTALLINE PHOSPHATE.**—I have prescribed Crystalline Phosphate in quite a number of cases of stomach disorders resulting from nervous debility, faulty assimilation, etc., wherein an acid treatment (according to the analysis given by C. P.) was indicated with entirely satisfactory results. Treatment: Crystalline Phosphate, dose, about one gramme (fifteen grains) dissolved in half a goblet of water (sweetened) and taken during or after meals except in acid condition of stomach, when it should be taken before meals. Children and adults with sensitive stomachs, about one-half above dose. I commend Crystalline Phosphate to the candid consideration of the medical profession.—*Prof. David D. Bramble, M. D., Dean of Woman's Med. College, Cincinnati; Prof. Genito-Urinary Diseases and Orthopedics, Cincinnati College Medicine and Surgery.*

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**INSOMNIA.**—To those familiar with the use of Bromidia (Battle) no argument is necessary, for it speaks for itself, by fulfilling the indications for which it is administered with a certainty, efficiency and harmlessness, which elicit at once the wonder of the patient and the delight of the prescriber, and give to the profession the assurance of possessing one remedy at least which approximates so near to infallibility of action as to justify the title of specific.—*Extract from an article in the Med. Press and Circular, by Edward Warren Bey, M. D., C. M., LL. D., D. M. P., Chevalier of the Legion of Honour, 15 Rue Caumartin, Paris.*

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**NERVOUSNESS OF CHILDREN.—**

R. Celerina.....8 oz.  
 Syr. Simp.....4 oz.  
 M. Sig. Teaspoonful before supper and at bedtime.

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**SANDER & SONS' Eucalypti Extract (Eucalyptol).**—Apply to Dr Sander, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Greifswald.

## Reviews and Book Notices

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REGIONAL ANATOMY IN ITS RELATION TO MEDICINE AND SURGERY, by GEORGE MCCLELLAN, M. D., Lecturer on Descriptive and Regional Anatomy at the Pennsylvania School of Anatomy, Professor of Anatomy of the Pennsylvania Academy of the Fine Arts, member of the Association of American Anatomists, Academy of Natural Science, Academy of Surgery, College of Physicians etc., of Pennsylvania. With about 100 full-page facsimile illustrations produced from photographs taken by the author of his own dissections; especially designed and prepared for this work, and colored by him after nature. J. B. Lippincott Co., of 715 and 717 Market St., Philadelphia, have in press this important and valuable work.

It is to be complete in two volumes of 250 pages each. Large quarto. The object of the work is to convey a practical knowledge of Regional Anatomy of the entire body. The text to embrace, besides a clear description of the part in systematic order, the most recent and reliable information regarding anatomy, in its medical and surgical relations. The illustrations are intended to verify the text and to bring before the reader the parts under consideration in as realistic manner as possible. Vol. I will be ready for publication about December 1st, and the second volume is expected to appear shortly thereafter. The work will be sold by subscription only; and salesmen will begin an active canvass this coming October.

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AN AXIOM OF THE NINETEENTH CENTURY.—From Cutter: "Food, then, is the agent of tremendous power that causes, *prevents* or *cures* tuberculosis."

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"We are finite, death is certain; no man will ever cure one hundred per cent. of his cases."—Cutter.

## *Editorial.*

### REPORT OF J. D. PLUNKET, M. D., PRESIDENT OF THE TENNESSEE STATE BOARD OF HEALTH.

*Delegate to the National Conference of State Boards of Health, and to the Section  
on State Medicine, American Medical Association, Nashville  
Meeting, May 19th-23rd. 1890.*

NASHVILLE, TENN., MAY 24, 1890.

*To the President and Members of the State Board of Health :*

GENTLEMEN—As your delegate, I attended the meeting held in Nashville upon May 19-20, of the National Conference of State Boards of Health, and also of the Section on State Medicine of the American Medical Association upon May 20-23.

#### NATIONAL CONFERENCE OF STATE BOARDS OF HEALTH.

The conference met in the Senate chamber of the capitol building at 10 A. M. Monday morning, 19th inst., and also held an afternoon and night session, and again on Tuesday forenoon. Upon roll-call eighteen States were found represented, and one Province of the Dominion of Canada, viz. : Alabama, California, Connecticut, Illinois, Indiana, Kansas, Kentucky, Louisiana, Michigan, Missouri, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Vermont, Wisconsin and the Province of Ontario.

After the delivery of the President's address by Dr. J. N. McCormack, of Kentucky, a series of propositions which had been printed and placed upon the desk of each delegate were submitted to the convention for discussion and considered seriatim, as follows :

"1. The editing and printing of the annual reports of the State Boards of Health, and other methods of disseminating health knowledge."

As the next proposition was so closely allied to the above, the two were discussed together. It is as follows :

"2. By what can a proper comprehension of the principles and practice of hygiene be most effectually promoted?"

Drs. Baker, C. A. Lindsley, Rauch, Thompson, Moore, Lee, Bryce, Fisher, Homan, Bailey, Plunket, Probst and Reeve participated in

Reprint from Tennessee State Board of Health Bulletin, June 20th, 1890.

the discussion. All agreed to the value of annual reports for historical purposes, but as a medium of communication with the people, the preponderance of opinion was that such reports were of secondary importance. Sanitary tracts on municipal, domiciliary and personal hygiene; circulars on the prevention and restriction of cholera, small-pox, scarlet fever, diphtheria and other communicable diseases; a health bulletin, in which shall appear the mortality and morbidity statistics each month of the towns and counties of the State, the meteorological data, together with short editorials or selected articles upon practical health questions. These regularly, judiciously and systematically distributed had been found to be a valuable means of interesting and educating the public. The holding of sanitary conventions in various localities was, by those who had given them trial, also pronounced an excellent means of developing popular interest upon the subject. The value of the press in this connection was emphasized, and the suggestion offered that a serious effort be made to induce the leading dailies of the large centers of population to establish a sanitary editorship, which should be charged with the consideration of all questions affecting the public health, as is now the commercial editor with commercial matters; the political editor with politics; the society editor with society matters, etc.

"*Resolved*, That upon the outbreak of yellow fever or other epidemic diseases rendering the establishment of quarantine necessary, this conference urges such co-operation in administration on the part of threatened States as will confine the disease to the point of initial attack, in place of the expensive, unscientific and unsatisfactory so-called quarantines at distant State lines.

"*Resolved*, That this conference urges upon the health authorities of each State, the importance of such an administration of any quarantine they may establish as will furnish protection to, and show due regard for the rights of States lying between them."

The discussion was generally participated in by those present, and the importance of giving confidence to all State and local health authorities was re-affirmed and the propositions as given above, though wanting in clearness as to what definitely is proposed by them, were adopted as the sense of the conference, after being so amended as to strike out the word "epidemic" in first resolution, and insert the word "communicable."

During the above discussion, incidentally there was permitted a cursory consideration of the probable practical workings of the law passed March 28, 1890, by Congress, entitled "An act to prevent the introduction of contagious diseases from one State to another, and for

the punishment of certain offences." All seemed to share and share alike in the view that if the authority granted by this law was not exercised with rare good judgment, it would likely prove to be embarrassing, if not harmful, and, upon motion of Dr. Benjamin Lee, of Pennsylvania, the following resolution was unanimously adopted :

*Resolved*, That this conference respectfully requests the President of the United States, to have the Secretary of the Treasury, to so frame the rules and regulations contemplated under the recent law to prevent the spread of contagious diseases from one State into others (approved March 28, 1890), as to limit the operation of such rules and regulations to such States as may, through their constituted health authorities, ask for national assistance for their own States.

"4. What steps should the United States Government take to prevent the introduction of leprosy into this country?"

A committee consisting of Drs. Benjamin Lee, of Pennsylvania, Peter H. Bryce, of Ontario, and Knut Hoegh, of Wisconsin, having been appointed at a previous meeting on the general subject of leprosy, and the prevention of its introduction into America, opened the discussion by presenting two reports—the majority report signed by Drs. Lee and Bryce, was read first by Dr. Lee.

They held that leprosy is contagious, and declared that the dictum of the Royal College of Physicians and Surgeons of Great Britain to the opposite effect was a damnable heresy. When this was promulgated all precautions were thrown to the winds, and in forty years the lepers in British India increased from 128,000 to 250,000. The government of Norway, on the other hand, have added new restrictions to the laws of segregation in force there, and in twenty-three years the number of lepers was reduced from 2,863 to 1,717, and where there were 242 new cases in 1858, there were only twenty-nine in 1887, indicating the possibility of a complete extinction. The doctrine of heredity was discredited. A review was made of the whole world, showing that leprosy exists in every country, and is steadily increasing in numbers. The condition of Cuba was especially threatening to America. Lepers can be found there at every turn; they are employed in every business, and, no doubt, many of the cigars shipped from there are rolled by leprous hands. Leprosy is cosmopolitan; it spares no age, it respects no race. Not half a dozen physicians in the United States would know a case of leprosy in its first stages, and the government should send men to Havana to study the disease, and one of these should be stationed at every port of entry, with power to send each case of leprosy back to the country, from whence it came.

The following were the conclusions as set forth in the majority report: "Two courses are open to us. First, the do-nothing policy which has prevailed until nearly the present time. The result of this will be that in fifty years there will be lepers in every hamlet, and leper houses crowded with their mutilated victims in every city; second, the policy of absolute and implacable segregation in the case of those who are already fairly domiciled in the country, the prohibition of marriage to all lepers, and the prohibition to all uninfected persons of the inhabiting of infected houses, the policy of absolute and implacable exclusion.

"With the adoption of these measures, which undertaken at this time, will entail very little hardship, and will not be difficult of execution, there are those now living who will see the day when there shall not be a leper in the land. How shall the principle of segregation be practically carried out? Those who have given the subject the most careful study believe that careful investigation would bring to light lepers hiding in every State in the Union. Shall every State then establish a leper house? Common sense cries out against such an absurdity. Shall each State set apart a leper ward in every general hospital? Humanity forbids the incurring of such a risk. One, or at least two colonies would accommodate all east of the Rocky Mountains, and the same number would be sufficient for those on the other side.

"Such a colony already exists in Louisiana. There are lepers enough in Wisconsin and Minnesota to warrant the establishment of one in that section of the country. Let these States deed the land occupied by these leprous communities, or which may be set apart for them, to the United States, and let every leper, no matter what his wealth or social position, be removed to one of these colonies. Let every provision be made for the care and comfort of the colonies, but let the separation of the sexes be absolute during the genetic period of life. To every house in which lepers have lived, which is not within the limits of the colony, let the torch be applied; or, should this be impossible, let the most thorough disinfection be employed, not forgetting the Mosaic precaution of scraping the walls."

Dr. Reeve, of Wisconsin, then read Dr. Hoegh's minority report, he not being able to be present at the meeting. Dr. Hoegh, he stated, was a native of Norway, and had made a thorough study of the disease in both countries.

# Gastric Derangements.

## Horsford's Acid Phosphate.

Unlike all other forms of Phosphorus in combination, such as dilute phosphoric acid, glacial phosphoric acid, neutral phosphate of lime, hypophosphites, etc., the phosphates in this product are in solution, and readily assimilative by the system, and it not only causes no trouble with the digestive organs, but promotes in a marked degree their healthful action.

In certain forms of dyspepsia it acts as a specific.

Dr. H. R. MERVILLE, Milwaukee, Wis., says: "I regard it as valuable in the treatment of gastric derangements affecting digestion."

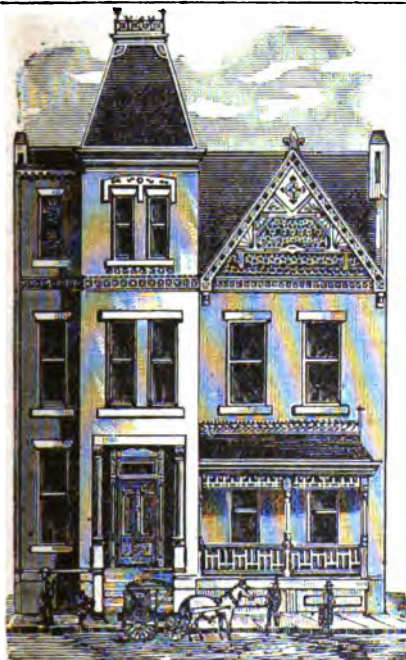
Send for descriptive circular. Physicians who wish to test it will be furnished a bottle on application, without expense, except express charges.

Prepared under the direction of Prof. E. N. HORSFORD, by the

**RUMFORD CHEMICAL WORKS, Providence, R. I.**

**Beware of Substitutes and Imitations.**

CAUTION.—Be sure the word "Horsford's" is *printed* on the label. All others are spurious. Never sold in bulk.



## "BELAIR,"

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**Private Infirmary**

—FOR—  
**DISEASES PECULIAR TO WOMEN**

Belmont Avenue and Hayes Street,

**Nashville, - Tenn.**

Was opened for the reception of patients on January 1, 1890.

This institution is located in one of the most desirable residence portions of the City of Nashville and without any objectionable surroundings. The appointments are first-class, and nursing by trained and thoroughly qualified attendants.

Physicians wishing to send patients to such an institution, whether for medical or surgical treatment, will please address either

**J. R. Buist, M. D.,**

151 N. Spruce Street,

**or Richard Douglas, M. D.,**

206 N. Summer Street,

Nashville, Tenn.

# THE PITH OF THE PEPSIN AND THE PEPTONES.

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"If, now, a peptone is present, you have not a substance capable of doing this work, but, on the contrary, you have the product of such work already performed, and to just the extent to which such peptones are present your product is ineffective. \* \* \* \*

"Finally, I may say that it is a mistake to believe that a pepsin does any better work because of its being freely soluble."—*DR. RUSBY.*

"It has been observed during this investigation, that deliquescent pure pepsins were no better than saccharated in their average strength."—*DR. ECCLES.*

"There is a class of preparations on the market which claim on their label to be pure pepsin, none of which that I have met with are pepsin at all \* \* \* \*

"These preparations were in the form of scales originally, and changed to this pasty mass on standing in a cool, dry place in my store in uncorked bottles.

"They are soluble in water and by Vittich's and other tests are without doubt peptones, and should never be dispensed except when demanded by the physician."—*PROF. BARTLETT.*

Fairchild's Pepsin is not a Peptone, it is the most active, it is absolutely permanent.

If your patient complains about the powders becoming sticky, investigate—place the blame where it belongs—on the peptone which the druggists has been told is "just as good," "same thing," and "cheaper" than Fairchild's.

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NEW YORK.**



Dr. Hoegh held the opinion that the danger of contagion was very much exaggerated in the majority report, and that we shall, in all probability, be able to exterminate the disease in the United States without having recourse to such measures as are unnecessarily severe, and which disregard the ordinary rights of the diseased individuals.

The government of Norway had provided for the patient to live in his own home, when this was approved by local officers, under the condition of using a separate room, clothing and utensils. This was extensively practiced, and the marked diminution of leprosy in Norway was due, he thought, to an improvement in the habits of life as much as to strict segregation. He thought the present immigration restriction of the United States government sufficient, and recommended that patients already in America should not be allowed to go into public places, travel from home or share the room with others, and that their families should be inspected at stated intervals to make sure the disease was not spreading.

The discussion was generally participated in, and a motion in substance finally prevailed that for the present the action taken by the United States government in the premises was sufficient.

The following circular is self explanatory of what the scope of the government's action at this time is:

TREASURY DEPARTMENT,  
OFFICE SUPERVISING SURGEON-GENERAL, M. H. S. }  
WASHINGTON, D. C., Dec. 23, 1889.

*To the medical officers of the Marine Hospital Service, Collectors of Customs, and others:*

The national quarantine act, approved April 27, 1878, entitled "An act to prevent the introduction of contagious or infectious diseases," provides that no vessel or vehicle coming from any foreign port or country where any contagious or infectious disease exists, or any vessel or vehicle conveying persons or animals affected with any contagious disease, shall enter any port of the United States, or cross the boundary line between the United States and any foreign country, except in such manner as may be prescribed.

Attention is now directed to the increased prevalence of the contagious disease known as leprosy in several foreign countries, and the danger of its increase in the United States through the immigration of persons affected with leprosy, and, by the direction of the Secretary of the Treasury, the following regulation is framed under the authority of the foregoing act, subject to the approval of the President, to protect the people of the United States from the introduction of leprosy.

1. Until further orders, no vessel shall be admitted to entry by any officer of the customs until the master, owner or authorized agent of the vessel shall produce a certificate from the health officer or quarantine officer at the port of

entry, or nearest United States quarantine officer; that no person affected with leprosy was on board the said vessel when admitted to free pratique, or in case a leper was found on board such vessel, that he or she with baggage has been removed from the vessel and detained at the quarantine station.

2. Medical officers in command of the United States quarantines are hereby instructed to detain any person affected with leprosy found on board any vessel, but such officer will permit the departure on outgoing vessels of persons detained at quarantine in pursuance of this regulation, provided such vessel shall be bound to the foreign country from which the said leper shall have last sailed.

JOHN B. HAMILTON,

*Supervising Surgeon-General, Marine Hospital Service.*

Approved: William Windom, Secretary; Benj. Harrison, President.

A resolution was adopted that the Secretary be instructed to invite the health authorities of Cuba and Mexico to send representatives to the next meeting of the conference.

"5. To what extent is it necessary to moisten the air of rooms at the time sulphur is burned for the purpose of disinfection after the occurrence of diphtheria, scarlet fever and small-pox?"

The preponderance of opinion was in favor of using moisture in connection with burning sulphur for purposes of disinfection.

Dr. H. B. Baker, of Michigan, stated that from observation made by fifteen hundred health officers in his State during the years 1886-7-8, in outbreaks of diphtheria and small-pox, where disinfection and isolation were employed there were only one-fifth the number of resulting cases, and one-fifth the number of deaths, that there were in those local epidemics where these methods were not employed.

In his opinion, however, the use of water to render more effective the fumes of burning sulphur was not necessary.

"6. Is it not both important and very desirable for all State Boards of Health to have a uniform system of blanks for the reports of vital statistics?"

Several delegates spoke upon this subject, and while uniformity by all was thought very desirable, indeed a necessity, in giving to vital statistics that value which will enable the proper comparison of those of one locality with another, yet at this time the laws of those States having a system of vital statistics were so different, the one from the other, that at present a uniformity of certificates was not practicable or possible. The Committee of Vital Statistics were granted further time in which to prepare their report.

"7. How to prevent contamination of potable waters."

Dr. Ruggles, in explaining the above query, which had been proposed by his board, said that though California boasted of her climate, there was not a State in the Union that was more poorly sewered.

San Diego was the only city in the State which was properly sewered, and because of bad sewerage San Francisco had a death rate of 23 and above, every month in the year, with Sacramento, Oakland and other cities not much behind. In Stockton he said the wells were bored. Six or eight feet below the surface a stratum of clay impervious to water, and resembling in this respect India Rubber, was penetrated. Pipes were put in, but in four or five years they became so thoroughly oxidized that they looked like they had been riddled with buckshot. The ground being full of cess-pools and water-closets, contamination of drinking water resulted. A remedy was greatly desired.

So far as the question was applicable to the conditions depicted in California, the several speakers seemed to unite in the suggestion of a general adoption of a water-closet in which fecal matter is dropped into a receptacle and removed. The Anderson system, Dr. Lee stated, was a perfect solution of the purification question. The city of Amsterdam, which gets its water supply from a very impure stream, has it purified in that manner.

"8. Should State Boards of Healths have executive powers?"

A lengthy discussion followed the announcement of this proposition, and only one of the nine speakers "favored the allowing of each locality to take care of itself, and if it would not do so, to let it suffer;" one other "thought State boards should execute some laws which local boards could not," and the remaining seven favored the delegation by law of executive powers to State Boards of Health, especially in time of emergency.

After the reading of the Treasurer's report, upon motion the different health organizations represented in the conference were assessed five dollars in addition to the regular annual dues of five dollars for the year 1890.

Dr. Peter H. Bryce, of Ontario, read an exceedingly instructive paper on "Preservation of our Forests as a National Sanitary Measure."

The paper elicited much interest, and a committee, consisting of Drs. Bryce, Formento and Plunket, was appointed to formulate some definite expression of opinion of the Conference upon the subject. The committee submitted the following, which was adopted:

That recognizing the well-known evils resulting to the whole continent from the disastrous floods which, within recent years, have taken place along the valleys of our great rivers, and from the destructive cyclones which from time to time occur, both of which evils have been

pointed out to be due mainly to the cutting down of the forests on the mountains and along the hillsides where our great rivers take their origin, and the violence which the windstorms obtain, blowing over the great tracts of practically treeless prairies, this National Conference of Health Officers desire most earnestly to bring these evils to the attention of our Federal governments, our States and Provincial Legislatures and other scientific and commercial bodies, and our enlightened press, urging them to take such comprehensive action, as, to-wit :

1. Cause a survey to be made of the gathering ground of our great rivers, to preserve and replant, if necessary, these acres with protective forest trees.

2. Establish schools where the principles and practice of forestry will be taught.

3. Make recommendations to our towns and cities to form park associations for the planting of trees, and obtaining forests of waste lands to be gradually reforested.

4. Protect, by the most stringent legislation, the results of the above mentioned work.

5. That this conference respectfully urges upon the Sub-committee on Forestry of the Committee on Public Domains of the Congress of the United States, to pass such laws as shall check the reckless destruction of trees on public lands.

A resolution which had been adopted by the California State Board of Health was presented, requesting that the Conference of State Boards of Health hereafter hold its annual session in connection with the American Public Health Association. This the conference declined to accede to, so for the present its meetings will continue to be held in connection with the American Medical Association.

Before adjournment, the following resolution was adopted :

*Resolved*, That it is the sense of this conference that all state and local Boards of Health should keep all cases of leprosy existing in their respective districts under surveillance, and should require physicians to report all cases of the disease which may come to their notice.

#### SECTION ON STATE MEDICINE.

The sessions of this section of the American Medical Association were held on the afternoons of Tuesday, Wednesday and Thursday, the 20th, 21st and 22d of May, in the lecture room of the Vine street Christian Church, in Nashville. The daily attendance large, and

among whom was regularly to be seen many of the "strong men" of the association. This, coupled with the fact that State Medicine was given such prominence, not only in the address of the retiring President of the association, but in other leading addresses delivered before that body, indicates the interest which is being developed in the professional mind regarding "the coming medicine," and in every way offers substantial encouragement to the pioneer health officers, who, though everywhere overworked and underpaid, have up to now made here in America a fight against ignorance and too often professional prejudice, that subsequent generations cannot but admire.

The deliberations of this Section were presided over by its duly elected chairman, Dr. John B. Hamilton, Surgeon-General of the United States Marine Hospital Service, and since "the peculiar relations which this governmental bureau bears to the public health of the country" are such, it may not be uninteresting to you to know something of its work in this connection during the past twelve months. From his address I extract the following :

"The work of the Marine Hospital Bureau in public health matters during the year, has been confined to increasing the facilities at the different quarantines for treatment of vessels, the publication of a weekly abstract of sanitary reports, with which most of you are familiar, and the increasing of the facilities for laboratory work. There are two laboratories now fitted up with ample appliances for bacteriological work. One of them is intended for a general hygienic laboratory, and is at present located in New York. It is greatly desired that this laboratory shall be removed, at no distant day, to the national capital and placed in a suitable building, where its usefulness may be greatly increased and its work conducted under the more immediate supervision of the bureau. The other laboratory has been established at the Key West quarantine station, on Tortugas Key. It is intended that the questions connected with the etiology of yellow fever shall be assigned to this laboratory, while the one at New York is for general work. Special investigations have been conducted at the New York laboratory on the hot air treatment for pulmonary phthisis, a detailed account of which was published in the Abstract of Sanitary Reports for September 6, 1889; on various sources of infection in surgical wards; on specimens that have been referred to the laboratory from different stations, and the careful investigations of the cases of malarial and enteric fevers occurring at the Marine Hospital in New York, for the purpose of establishing the presence of plasmodium malaria in the blood, and of the bacillus of Eberth in the spleen or intestinal canal. In the latter investigation Dr. Kin-youn gives the following conclusions:

1. Malarial and enteric fevers are not antagonistic to each other.
2. A differential diagnosis between the two diseases is sometimes impossible.
3. There exists a mixed form of infection which can be diagnosed by means of bacteriological and microscopical examination.

An interesting observation as to the therapeutical effect of cobra poison is now going on at the laboratory. The origin of this investigation is as follows:

A little over a year ago, Dr. Peroux, of Calcutta, wrote to the Bureau stating that the natives in India were in the habit of treating cholera in its commencement with minute doses of a substance which proved to be cobra poison, and that the treatment had proved to be pretty generally successful. This statement was made with a request that the Government would investigate the matter with a view of ascertaining the action of cobra poison on the cholera bacillus. After some difficulty and the lapse of some time, a considerable quantity of the poison was procured and is now being examined. The experiments are not completed, but Dr. Kinyoun has informed me that the cobra poison, in a very minute quantity, is a germicide of extremely high power, and that it is fatal to the development of cholera germs. Careful experiments are now going on, and he hopes to be able to make a complete report on this subject by the close of the present fiscal year."

Following the delivery of the address of Chairman Hamilton came the "Report of the Committee on Meteorology." Dr. N. S. Davis, Chairman of committee, substituted instead a paper on "The Meteorological Conditions and Their Relation to the Epidemic Influenza and Some Other Diseases in Chicago During the Six Months ending March 31, 1890," with the conclusion that the causation bore a close relationship to, if not identical with, that of endemic pneumonia and catarrhal affections of the mucous membranes generally, and not to a micro-organism, as the failure to identify such as its essential cause is presumptive proof, especially since the epidemic occurred at a period of greatest activity of microscopic research.

Dr. H. B. Baker, of Michigan, President of the American Public Health Association, read an elaborate paper upon "The Causation of Influenza and Some Allied Diseases, with Suggestions for their Prevention." He held the opinion that epidemic influenza is the same as ordinary influenza, is not dependent upon contagion or infection from person to person for its spread, but is the direct result of natural and atmospheric conditions, chiefly a high, followed by a sudden change to low temperature. The discussion of the two above-named papers was exceedingly interesting and unusually full. Space forbids that I should more than state the fact.

"Government Aids to Public Health," by Dr. Walter Wyman, U. S. Marine Hospital Service, was next read by the Secretary of the Section, Dr. Francis S. Bascom, Salt Lake City, Utah, Dr. Wyman not being present at the meeting.

Dr. W. C. Towns, by permission, read a paper on "The Adaptability of Chattanooga as a Health Resort."

The substance of a proposed paper by Dr. J. Berrien Lindsley, on "Our Urban African Population," was stated, and, upon motion, he was requested to write out the paper and send to Committee on Publication.

Dr. F. G. Horn, of Colorado, read a paper on "Advantages and Disadvantages of High Altitudes."

Dr. Frank Billings, of Chicago, while holding the MSS. of a lengthy paper on "Preventive Inoculation" in his hands, verbally stated, in his usual energetic way, a few of its more important points, when it was referred to the Publication Committee.

"A Comparison Between Our College Work and that of European Medical Schools, with Some Thoughts on Free Trade in Medical Diplomas Manufactured Abroad," was the title of an interesting paper by Dr. S. O. L. Potter.

After the election of the following officers for the ensuing twelve months, the Section adjourned: Chairman, Dr. J. D. Plunket, Nashville, Tenn.; Vice-Chairman, Dr. C. A. Ruggles, Stockton, Cal.; Secretary, Dr. Francis S. Bascom, Salt Lake City, Utah.

All of which is respectfully submitted.

J. D. PLUNKET, M. D.

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### STATE RIGHTS AND THE MARINE HOSPITAL.

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In an editorial article in *The American Lancet* for June, Bro. Connor, of level head and logical acumen, has the following statements in regard to "the Contagious Disease Bill," recently passed by Congress. The full text of the bill will be found in *The Southern Practitioner* for May, 1890, p. 197.

Briefly, this law gives the National Government power to regulate interstate quarantine, and designates the Marine Hospital Service as the agent to exercise this control.

This means that the matters relating to public health in many respects will be decided by Government officials. Not a few sanitarians will rejoice at this change. They see intricate matters removed from the selfishness and greed of the States and placed under the selfishness and greed of Government officials. It may be assumed that human nature is much the same whether it be in the employ of the State or the United States. They hope that interstate quarantine will be administered with greater uniformity, and more in accord with the needs of the entire people. Politically, this measure belongs to a Republican administration. Doubtless this administration enacted this change in the belief that it would commend itself to the minds of the people and so perpetuate its existence.

The wisdom of its administration may be such as to win for it the hearty approval of all, and promote the interests of the entire land. If so, it may reconcile the States to further enlargement of the National powers, and a corresponding diminution of the State powers.

There is no question that the work of the politician rather than that of the statesman has wrought out the change, and that personal ambition rather than general good furnished the motive force by which Congress has been induced to perform this act. This matters little provided the operation of these new powers by the Marine Hospital Service be such as to promote the general good. If so, then the people may submit to the changes, otherwise they may decide to reverse this action. We suspect that even Congress itself has failed to comprehend the changes thus wrought.

Reference to preceding issues of this journal will show repeated arguments by its editor in behalf of the strongest possible efforts by the National Government for national sanitation.

The old Democratic war-cry of "State rights" was never in my way, though I never voted other than the straight Democratic ticket, and gave willingly the services of four years of my life in defense of the same, when their infringement was essayed. Still a believer in State rights, I also believe in a higher, a holier, a more important right—that of the individual to live—the Right of Life, of paramount importance to all. Freedom, liberty are sweet—yet one must live to enjoy them, and although lives have been and will yet be sacrificed in their defence, it is the loss of the few for the benefit of the many. The doctor often takes his life in his hand, aye, and loses it, for the benefit of reeking pauper or luxuriant millionaire. He risks his life that others may live.

It is unquestionably a high duty of both State and National Governments to protect the rights of liberty of their people, but a still higher one to protect their lives.

A foreign foe pays no attention to State lines in an invasion, nor does the National Government in opposition thereto. Epidemic invasion still less respects the lines of States, and the Nation's most powerful aid is but just in repelling it.

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THE DOCTORS AND THE DRUMMERS.—In accordance with well established custom, the editor of this journal is not responsible for articles or statements in its pages, other than those written by him, which always appears in the special department headed "Editorial," or elsewhere over his signature; yet willing at all times—nay, more than willing that all sides of every question shall be presented to the reading clientele of the journal, has frequently admitted to its pages, and will continue so to do, the views of other writers decidedly at variance with his. While doing so, he claims the right to present his views on any subject that he considers of such importance as to justify it.



Cordially commending to our readers the very excellently written article in this number of my esteemed and most worthy friend, Dr. J. W. Penn, of Humboldt, Tenn., who is unquestionably one of the ablest and most reputable members of the profession in the State, and a most honorable member of the State Medical Society, I must beg leave to differ with him in the views presented, as well as with like ideas presented to the American Medical Association, at its last meeting, by the Tennessee State Pharmacal Association, in a series of resolutions. Regretting that want of space in this number prevents such a discussion of the subject as it justly merits, I will, in an early subsequent number, submit my own views to the readers of THE SOUTHERN PRACTITIONER.

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ONWARD, STILL ONWARD.—The ever progressive house of Parke, Davis & Co. are out this month with some seasonable suggestions as to eligible remedies for prevalent diseases of hot weather.

They have a very convenient list of intestinal sedatives, antiseptics, antispasmodics and anodynes for diarrhoeal and dysenteric affections, some new expectorants of note for coughs and colds, and a normal liquid ipecac, always reliable as an emetic in cases of gastric disturbances due to accumulated fermented food, so frequent a cause of infantile diarrhoea.

By way of gossip, we may state that this house is largely increasing its facilities for the manufacture of pharmaceuticals. Buildings now in process of erection will double their capacity for production this year, and a new laboratory, very complete in its appointments, is now being built for them in Canada.

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ATTENTION! HEALTH OFFICERS.—That cholera exists in Spain at this time is unquestioned. According to telegrams of June 26th, the Spanish Cabinet officially refuses to deny it. Reports of the above date shows two deaths at Gandia, one at Bernigamin and one at Barcherta. Fresh cases are reported at Jativa, Puebla du Regat and Enova, all in the Province of Valencia.

It is claimed that the epidemic at Puebla du Regat had its origin in the opening up of an old cemetery, in which the victims of 1885 were buried. Possibly, but we don't want any *new* or *old* cemeteries opened up on this continent at this time by the grim monster.

## CONTENTS FOR JULY, 1890.

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### ORIGINAL COMMUNICATIONS :—

Feeding in the Wasting Diseases. By Ephraim Cutter, A.M., M. D., LL. D., and John Ashburton Cutter, M. D., B. C.....	271
Medical Men should Zealously and Jealously Maintain the Integrity of the Science of Medicine. By J. W. Penn, M. D.....	283

### SELECTIONS :—

Medical Education and Medical Colleges.....	288
Sexual Debility.....	291
Remarkable Fecundity.....	293
The Ligation of Varicose Veins of the Leg.....	295
The Continued Use of Blue Mass in Small Doses.....	296
Intestinal Diseases of Infants.....	297
The Ideal Medical Journal.....	298
Hysterionica Baylaheun.....	299
Amputation at the Hip Joint.....	300
Painful Menstruation in Virgins.....	301
Celerina <sup>1</sup> .....	302
Crystalline Phosphate.....	303
Nervousness in Children.....	303

### EDITORIAL, REVIEWS, ETC:—

Book Notices.....	304
Report of J. D. Plunket, M. D., President of the Tennessee State Board of Health.....	305
State Rights and the Marine Hospital.....	315
The Doctor and the Drummer.....	316
Onward, Still Onward.....	317
Attention! Health Officers.....	317

# THE SOUTHERN PRACTITIONER.

AN INDEPENDENT MONTHLY JOURNAL,  
DEVOTED TO MEDICINE AND SURGERY  
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DEERING J. ROBERTS, M. D., - - Editor and Proprietor.

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## *Original Communications.*

### FEEDING IN THE WASTING DISEASES.\*

BY EPHRAIM CUTTER, A. M., M. D., LL.D.,  
M. D. Harvard 1856, and University of Pennsylvania, 1857.

AND

JOHN ASHBURTON CUTTER, M. D., B. C.,  
*Of New York City.*

[CONCLUDED FROM JULY NUMBER].

SECOND SECTION.—The fatty and fibroid degenerations.

- I. Bright's disease; twenty cases.
- II. Fibroid tumors; eighteen cases.
- III. Cancer; twelve cases.

#### I. BRIGHT'S DISEASE; Twenty cases.

We do not consider any case full-fledged Bright's disease unless there are in the urine albumen, casts and fatty epithelia.

We are continually getting cases which may have any one or two of these three signs; such cases are hovering on the border line of health and well-marked disease, and are very amenable

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\*A report presented to the Committee on Dietetics, of the American Medical Association, at its Forty-first Annual Meeting, 1890.

to treatment. Such wavering from health would oftener be detected if physicians would make more thorough examinations of the urine; taking six specimens from six consecutive days; it is wonderful to see the variance from day to day. The following is an abstract.

Cases that would have been diagnosticated earlier if they had been more fully examined.

1. 1883, woman 40. Called tuberculosis; blood normal; urine albuminous, and contained casts and fatty epithelia; sputum copious; Bright's disease lungs and kidneys, not treated. The urine had not been examined before in this case.

2. Man, aged 50; 1883. Bright's and diabetes; disease had not been detected; treatment of no avail; too late.

3. 1885, March. Called nervous prostration by a homœopath. When urine was examined later by senior writer, disease found to be Bright's. Treatment by her cousin of no avail though a Harvard graduate, and thoroughly equipped. Again too late.

#### DEATHS.

4. The late Dr. Elsberg. Bright's disease of lungs and kidneys; great improvement; death on resumption of old modes of life.

5. Bright's disease of kidneys and lungs; improvement; death from handling his own case, thus eating wrongly, overworking, and allowing himself to be poisoned by sewer gas.

6. March, 1889, woman 50. Bright's disease lungs and kidneys; death September from pneumonia; disease somewhat arrested.

7. Bright's disease of kidneys. 1885, man 50. Convulsion like that of a puerpera; chloroform to neck; urine cleared up by diet; took cold from riding in open carriage; death from bronchitis.

8. Man 50; October, 1885. Bright's disease kidneys; nearly blind; case improved; very nervous; services discharged; death in a few months.

#### IN PROGRESS.

9. Man 60; 1886. Bright's disease kidneys; great amelioration of pains, and improvement of urine. April, 1890, disease

returning, and will die if work is not given up at which he labors constantly.

10. Woman 40; 1888. Bright's disease kidneys; no improvement till she came into our family; then followed diet and urine cleared up; disease has returned, though alive April, 1890; not on treatment.

\*CASES CURED; that is, that are well April, 1890, with kidneys acting rightly.

11. Man, aged 46; January, 1886. Bright's disease kidneys, cirrhosis of liver and enlarged heart. Considered absolutely hopeless.

12. 1880. Acute fatty degeneration kidneys, placenta and cerebral blood vessels; has since borne two children.

13. Woman, aged 35; October, 1883. Not as serious as some of the cases.

14. Woman, aged 25; 1886. Unusually large number of casts and fatty epithelia in urine.

15. Woman, middle-aged; 1876. Had decided to transfuse blood; well, April, 1886.

16. 1879; man, aged 60.

17. 1871; man, aged 60.

18. 1884; man, aged twenty-four.

19. Girl, 13; 1884. Scarlatina; menses appeared when eruption was at its height; two years to get well.

20. Woman, 46. Fibrous consumption; Bright's disease kidneys and small fibroid tumor of womb; 1886. Tumor gone; cough gone; urine normal.

## II. FIBROID TUMORS; Eighteen cases.

The following is an abstract.

### TUMORS HELD IN STATU QUO.

Three cases.—The first: Immense abdominal fibroid, woman, aged 60. Shall soon apply galvanism by deep abdominal puncture.

Second. Small tumor; would go away probably if woman would allow herself to rest.

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\*NOTE.—The result is understood to be according to the reading of the heading.

Third. Large abdominal tumor which did not diminish till galvanism was applied by abdominal puncture, though diet helped her very much.

#### TUMORS REDUCED AND PATIENTS MADE COMFORTABLE.

Five cases; all uterine; four large tumors; the fifth small and back of uterus. All greatly improved; tumors arrested and reduced. These would be called a cure if done by the Apostoli method of giving galvanism. (Which method, by the way, was employed by the senior writer in his first operation in 1871).

#### TUMORS THAT DISAPPEARED.

Ten cases; seven uterine fibroids; four large abdominal tumors; three cases of smaller abdominal and pelvic tumors.

One case of tumor of the breast; one of fibroid of the stomach; one of tumor of the neck which might be called tuberculous.

#### III. CANCER; Cases, twelve.

The following is an abstract.

1. Cancer of the face, so-called by eminent men in the American Medical Association, at the Philadelphia meeting, 1847. Treatment by knife and caustic had only made disease return and sore more ugly. Diet of bread and milk removed tumor and healed sore.

2. Tumor of scapula as large as a pint bowl. (In the practice of the late Dr. Amos Twitchell), Case 1 of this series. Diet of bread, and an infusion of water dock; disappearance of tumor.

3. Attendant, E. Cutter. Woman, aged 40. Uncle died of cancer. Her case, cancer of womb. Disappearance of growths by rigid diet of beef.

4. E. Cutter, attendant. Woman, aged 50. Cervix enlarged laterally to sides of pelvis; rough and bleeding; opium eater. rigid diet; iodoform locally. Great improvement. Death on discontinuance of treatment and resumption of opium.

5. E. Cutter, consultant. Cancer of carpal bones and axillary glands; 1882. Said to be hopeless by attending physicians. Amputation at middle forearm; animal food diet; alive 1890. Disease in axilla quiescent.

6. E. C., attendant. Woman, 35. Cancer of womb; improvement and arrest of disease; discontinuance of treatment; death.

7. Woman; attendant, E. Cutter. Sister Case 6. Knobbed enlargements of the os, and cervix uteri; strict diet; disappearance of tumor; alive eight years later.

8. E. Cutter, attendant. Cancer of the womb; discharged from hospital to die of that disease; 1882. Reduction and disappearance of disease by diet; well, April, 1890.

9. Attendant, E. Cutter. Woman, 40. Four tumors back of womb; valvular disease of heart. Tumors disappeared by rigid diet of beef; this in 1876. Woman alive and well, April, 1890. Her father had died of cancer of stomach.

For full account of these nine preceeding cases, see Albany Medical Annals, July and August, 1887, "Diet in Cancer," E. Cutter.

10. Attendant, E. Cutter. Disease in both breasts; tumors diminished in size by diet. Caught cold from exposure; pleurisy; cancer cells found in fluid aspirated from chest; death.

11. Man, aged 60. E. and J. A. Cutter, attendants, latter part of illness. Cancer of larynx; tracheotomy had been done; wore tube; suffered much pain; wished to try food treatment; did little good as he could eat but little, and that finally fed to him through a catheter in fluid form; literally starved to death. A man of great heroism, the late Dr. Wm. S. Hurlocks, of Philadelphia.

12. E. Cutter, attendant. Woman, 40; 1881. Vomitus composed of a black grumous fluid; tumors of womb and stomach; relieved and in fair health, April, 1890.

#### RATIONALE.

We would like to have presented more of our cases of Bright's disease, tumors and cancer, but space does not permit. A few words must be given as to our ideas in attacking these cases mainly by food.

The word nephritis gives us little light as to the real causes of Bright's disease. We would say as to our belief, that the disease is commonly an expression of a systemic condition; either a fatty

or a fibroid degeneration. That the fatty, may be acute or chronic; the fibroid most always chronic. Some have thought because they found ganglia fattily degenerated that the renal disease was the sequence. But we ask what was the cause of the ganglionic degeneration?

The answer is: In the food eaten, in the air breathed, in the modes of life, the clothing worn, the amount (too much or too little) taken of exercise; our ways of thought, of carrying on our business; whether we are intemperate, etc., etc. In these long continued and steadily acting causes, is to be found the explanation; and until the causes of disease are understood, few men will treat them intelligently and successfully.

The cases that we have treated have been studied as far as we were able, on all sides; we wished to know all that could be found out about the patient's life. This may seem too simple, but gentlemen, concrete things, not abstract, cause disease. But to be more particular, let us consider the food part of the question. Starch and sugar contains but three chemical elements; yet they make up a large part of the diet of many.

The old saying is that "you cannot get blood out of a stone;" certainly phosphorus and nitrogen, to say no more, can not be made out of carbon, hydrogen or oxygen; so on the side of chemistry alone, if a man or woman will persist in feeding on starch and sugar, they must not expect nature to break her laws and change her elements into others.

But, the excessive feeding of starch and sugar, will in time produce the carbonic acid, and later on acetic acid fermentations in the alimentary tract. Carbonic acid gas is a poison; it paralyzes and kills men and animals when breathed; yet how many live with their stomachs bloated with this gas, wonder why they have heartburn, and their families mourn when they drop suddenly in the street from heart paralysis due to this same gas; or they keep on their way living in spite of their vicious feeding, and the long continued paralysis may result in a fibrous degeneration of the lungs, the stomach, the liver, the kidneys or the spinal cord; or nature instead of building fibrous tissue under this slow going paralysis, (for it is well to remember that nature



does her best always) will lay in fat in these tissues and keep the bulk of them intact just as long as she can.

A man on treatment for locomotor ataxy, was much improved; meeting a friend in Fifth Avenue, he said: "I want to go into Delmonico's and eat a big dinner; will it hurt me?" His friend was a physician, but knew nothing about his treatment; he however, said, "it will not hurt you." The man followed his advice, filled himself up with fermenting and fermentable food, with the result that the ataxia came back immediately; why, because the spinal cord was temporarily paralyzed by the carbonic acid gas. The same thing we have seen within a year in the case of a boy on treatment for the same trouble; his fond mother let him have ice-cream and a big dinner, and his legs were almost immediately paralyzed. April, 1890, this boy is as bright and lively as most any of his age.

The various fibroid tumors are also instances of degeneration. Nature is doing her best; but she cannot lay down healthy tissues so she builds with the poorest, to-wit: the fibroid tissue. If this is not so, gentlemen, why did our cases recover. Granted we kept them quiet, (when we could) and used every medical means our humble knowledge permitted us to prescribe; yet the main idea, and held to firmly, was that these were diseases of nutrition and must be treated on that ground.

#### CANCER.

A woman of fine mind, was attacked by two tumors in her sixtieth year, one just anterior to the right ear, the other below the right breast; by careful attention to diet, so that she lived plainly, by the use of alcohol baths, and by keeping her life in as even a tenor as possible, she lived till she was over ninety, and then died of her disease which was called cancer. The tumor on the head had extended to the external angle of the eye; the tumor on the breast killed her.

A boy aged 10 years, an orphan, picked up a precarious living setting up ten pins in a billiard alley; he was beaten with one and thrown out, the disease *fungus hæmatoides* commenced; when found, he was on the railroad track; the town authorities sup-

ported him as a pauper and the disease before his death took in a great part of his body.

A woman carried for thirteen years a large abdominal multi-locular, sub-peritoneal and pelvic fibroid. One early spring she was compelled to move into a house (situated in marshy lands) which had not been used during the winter; she took cold, was overworked, and the disease changed into cancer, attacked the bladder and caused death.

A young man of 30, who had lived a riotous life, died in great agony from no known cause. Post mortem showed at least one hundred tumors in the peritoneal cavity, on the bowels, liver and other organs; the disease had invaded the vertebrae and the lungs. This man had money enough to buy good food but used the wrong.

A woman, aged 35, was deserted by her husband; she sued for divorce and finally won her suit. In the meantime cancer appeared in the womb; the disease was arrested and held back for two years, but finally caused death.

In 1887, *Albany Medical Annals*, July and August, the senior writer defined cancer to be "Tissue under Mob Law;" "Tissue Rioting." Tissue that the body systemic can not govern, and hence the reversion to embryonic types and the frightful results sometimes seen in this overthrow of the law of the body systemic.

The blood, i. e., in our work, which extends over many years, does not show morphologically any causes; in the end it is impoverished, but we must say with all candor that we do not consider that cancer is a blood disease, but a tissue disease; this is confounding perhaps our present ideas, but disease has many phases and we must not look on these matters from one side alone.

You may call if you please the cases that recovered not cancer; but the fact remains, that they were very sick people before the treatment and are not now. Let this committee take this idea, that *cancer is tissue under mob law*, and then attack it under all of the chances offered to promote the nutrition, and the members report in another year, the results. We could give you more cases, those under treatment at the present time. One case

where the right breast had been removed ; the disease returned, is burnt out with cauterly and finally came under our care last August, with a sore four inches long, four inches wide and one inch deep ; pouring out the most filthy and stinking discharge. April, 1890, this woman is still alive ; the sore is smaller ; the discharge is less. The treatment has been a rigid diet of chopped broiled beef, the application of tannic acid and quinine ointment to the sore ; these applications agreeing better than anything else ; hemorrhage is now not frequent ; still her chances of recovery are very small.

We leave this part of our subject till treatment is considered.

#### THIRD SECTION.—NEURASTHENIA IN MALES.

Where often the patients objectively appear like consumptives, occurring amongst business men and students, and is due to improper feeding.

We had intended giving statistics of fifty cases, but our report has grown to too large proportions to present these cases.

A preliminary report on this subject was presented to the Richmond Medical and Surgical Society, Jan. 23, 1890.

Some thirty years ago the senior writer was Secretary of the Middlesex (Mass.) East District Medical Society, and, on being requested by me to do so, one of the members, Dr. —, of — kindly stated his case to the Society, and asked for opinions and treatment. It dealt entirely with neurotic symptoms, which varied from time to time, and showed a lack of nerve force, without any organic disease, which could be detected. The case was a poser ; no expression of opinion nor of treatment could be drawn from the members. The Doctor himself was a bright, careful, intelligent observer, and his relation showed that he had skillfully treated himself up to the standard of the then present state of knowledge.

After a series of cases had been worked up for several years, on which this paper is based, Dr. —'s case occurred to mind, and he gratified me by sending, at my request, seven one-ounce bottles of morning urine voided on seven consecutive days.

These specimens, when subjected to physical exploration, *showed the presence of a proto-plasmic or colloid discharge*, which,

in other cases, had been to me a sufficient evidence of one cause of male neurasthenia, and which it is proposed to explain.

*Morphological Evidence.*—This physical sign is found in the morphology of the urine. (See the *Clinical Morphologies*, E. Cutter, New York, 1888, p. 45). It is not that observers have not noticed this discharge; they have, still they have regarded it of no pathological significance. Where we differ from them is that *we do regard it* as a valuable diagnostic sign of the male neurasthenia. The way this difference of view came about was as follows: Since 1880, I have made a practice of studying the morphology of the urine of patients, *sometimes daily for weeks and months*. But coming upon neurotic cases, in which this colloid discharge was the only appreciable lesion, and finding that when such cases were treated and the catarrhal condition removed, they always improved, and so long as the patient would follow out the directions, the improvement continued, I was led to take the position here given, and I feel convinced that this complaint is a very common one, occurring often in old and young business men and students who are apparently well, save that their complaints of irritability, pains, sometimes excruciating, making them express themselves in terms which appear, to those most interested about them, whimsical, nonsensical, or, as we used to say in our boyhood, "hypoey." And I might remark here that I now think that, if these cases I knew in my boyhood, and were known to the whole community in which they dwelt as "hypoey," could have had the benefit of what is now understood, they would have passed from the opprobria which rested upon them by proving that there was a physical foundation for their condition, just as the women who had the same term applied to them in those days would have been relieved by finding some gynecological disease.

*What to look for.*—In cases of male neurasthenia, which come to you with a long story of aches, pains, weakness, and sufferings, which appears so momentous that you wonder how the sufferer could be alive, and of having want of confidence in the medical profession to discover the seat of his complaint or to relieve him, usually there is a degree of self-confidence and positiveness of

statement in his own conviction, which reminds us of the same qualities we find in our better-halves. You look the case all over carefully; no lesion is found to explain such a great departure from normal innervation. You examine the urine; it appears clear, amber-colored, of good specific gravity, normal in odor, and all that is seen, if you allow it to stand over night, is a light proto-plasmic cloud, occupying, sometimes, the whole of the lower half of the vial; or, if in graduate glass measures, the cloud will swing half-way between top and bottom of urine. You cannot tell by the naked eye the characters of this discharge. It is put under the microscope and the deposit is not made up of triple phosphates or urates; but if you use (as you had better use) a one-inch objective—which is a good one, and the best are none too good—you will find, if the case is a typical one, collections of gluey (colloid) viscid matter, with no extra amount of mucous corpuscles or mucous epithelial cells, moulded in shapes like Indian clubs, varying in color from white to a brown; then, if you look further, skeins of colloid matter, curled up in fanciful shapes, sometimes separated into single filaments, and sometimes filling the field so full of the Hogarth lines of beauty that you cannot help expressing your surprise, perhaps to the discomfort of your anxious patient. Besides this, the discharge is sometimes diffused through the urine in a light, fleecy, unorganized cloud, which it is sometimes difficult to recognize, unless one is familiar with proto-plasmic studies. Although these three forms are sometimes found together, still they are often found separate, so that, in enumerating them, we speak, *first*, of the proto-plasmic; *second*, of the skeins; *third*, of Indian clubs. Next, you must examine seven successive specimens of seven days, *i. e.*, one of each day, the first urine voided on rising. It has not seemed justifiable, in a chronic case, to base the diagnosis on one examination. For example, spermatozoa may be normally discharged once or twice a month, and if you happen to get a specimen on the day of that normal discharge, it will be unwise to jump into the conclusion that the case is one of spermatorrhœa.

Spermatorrhœa according to my experience of thirty-six years is a rare disease, and the diagnosis of it not complete unless the forms are found very much oftener than the normal discharge.

I may be wrong, but I do not consider the finding of the colloid secretion in one specimen evidence enough; it must be found in a majority of the discharges for the days of the week. When you study urine daily, you will find that it varies very much. For example, in the cases in question I have been very much surprised to find them alternating on some day with albumen, casts of the kidney tubes and fatty epithelia, which I regard as diagnostic of Bright's disease.

In both neurasthenia and Bright's disease of the kidneys there is more or less paralysis of the parts involved. Some regard the fatty degeneration as a means of staying the effects of the paralysis. In other words that the destruction of tissue would proceed more rapidly were it not for the fatty degeneration. Still the neurotic symptoms differ. In simple Bright's disease of the kidneys there is but little pain and when it occurs it comes from rheumatism, and even the neurasthenia which is found sometimes along with the Bright's. The subject is not fully worked up in this aspect, and hence I cannot speak so confidently, but it is a very interesting matter for consideration why the loss of albumen should not cause pain when the colloid and perhaps albumenoid discharges which are found in the complaint under discussion assuredly does. One thing is certain, the neurasthenics thrive in the open air, and are worse in indoor air. A clergyman with this trouble said he would be all right if he worked on a farm out doors, but he wanted to use his brains in his work. A diet, substantially what is lined out below, cured him so that he now works in doors and has recovered from impotency. But air is food. There is as much difference between fresh and foul air, as between fresh meat and old.

*As to the importance of this form of neurasthenia.*—When first acquainted with this disease, I knew it was hard to bear, but did not think it was dangerous; but I have had patients die with it, and the autopsies showed no sufficient cause of death. The manner of going out was with a sudden failure of the heart as if

there was not enough nerve force to run it; so I am led to take a more serious prognosis. The patients may live, like Dr. —, for thirty years, and though he considers that his life has been prolonged by the disease, because it has made him careful, where he would have been careless, I believe there is danger, especially as the urine will alternate with albuminuria, fatty epithelia and renal casts as before noted. This complaint is not due to sexual abuse, *i. e.*, as a sole cause; it is a food disease. The catarrh is mainly from the ducts of the prostate and spermatic glands.

#### GENERAL RULE OF TREATMENT FOR THE THREE SECTIONS.

*Never prescribe Raw Beef.*—Preparation of broiled chopped beef. Take beef from middle or top of round of well fed cattle who were not over driven just before death. In the handling of these chronic cases too much care may not be observed in the selection of beef; life often hangs on the smallest detail.

Cut beef into cubes one inch by one inch by two or three inches. Free from fat and connective tissue by running it through the Enterprise chopper three times, each time cleaning the fibrous tissue from the plate at distal end of machine; or, use American chopper which is noisy, but is the best. Touch with the hands the muscle pulp as little as possible, as the human animal heat changes the character of the meat. Mould into cakes one inch thick and as many inches wide as needed. Broil over bed of live coals, charcoal is the best; oil or gas can be used. The beef when done should be of very dark color outside, and when opened present a reddish but not raw appearance. If the beef is rightly prepared it will be pleasant to the taste. The preparation must be done by a conscientious and humble individual; humble, because most cooks think they know everything about cooking, when commonly they know nothing; and the one who has the work of getting ready this beef and cooking it has a position whose influence for good or bad cannot be overestimated.

Serve on hot water plate and season with pepper, salt, lemon juice, Worcestershire sauce, and in some cases butter.

*Drinks.*—Drink one pint of spring or distilled water that has been raised to the boiling point, one hour before each meal and

on retiring. Cool the water to a comfortable temperature and drink slowly. Rest till meal time ; also after meals. The amount of water may be increased or diminished, as the urinometer indicates. The urine must be at 1015 to 1020 specific gravity, free from odor, phosphates, bile or deposit. Drink clear tea or coffee at meals.

*Baths.*—Take ammonia sponge bath, one drachm to a pint of water night or morning ; or nitric acid baths, same proportion ; or aromatic sulphuric acid baths, same proportion. Quinine and salicin may be given in bath per skin. The acid baths and especially with alkaloids are indicated in sweats.

*Exercise.*—Passive, by massage, so as to confer force ; also passive by riding in carriage ; also by riding on a walking horse. Do not wear people out with too much walking. Sick ones need their nerve forces for something else.

*Drugs.*—The rule may be laid down, *that the fewer drugs given by the stomach the better.* Yet cases come where there has to be the most careful exhibition of medicine. And at times these same cases will after taking a great deal of medicine improve almost immediately on stopping all drugs per stomach. The integrity of the stomach must be kept at all hazards. Treating these cases one learns how to wait.

*Tonics.*—Salicin, strychnia, pyro-phosphate of iron, cinchona, mixtures of the mild vegetable fluid extracts. English iodide of potash in small doses in asthmatic and rheumatic complications and in syphilis. Biniodide of mercury 1-10 gr., an admirable cholagogue ; exsiccated sulphate of soda for constipation ; boneset, etc., etc. Each case is a law unto itself.

In consumption, tumors and cancer, the closer patients adhere to a rigid diet of the chopped broiled beef, the better they will do. Sometimes the stomach rebels ; this it does when the beef is not right, despite the protestations of the butcher to the contrary ; on finally pressing the point you will disclose that the beef has been kept too long.

Again, the stomach needs firm discipline ; there is a hysterical element in some cases ; (the word hysteria has been poorly used) which must not be catered to, and, but at times roughly handled.



Prof. Wm. Goodell tells of how he stopped a patient vomiting, by giving her a most cruel scolding. The rule is this, that the closer the lines are drawn, the better will the patient do ; no man need expect to succeed treating chronic disease if he has to argue with his patients on the right or wrong of this procedure.

When the urine becomes normal, the blood is in good order, the physician may bring in gradually some vegetable food, as toasted bread, boiled rice. It has been said that we were too rigid, but gentlemen, each case is a law unto itself, and you must feed accordingly.

Bright's disease will respond better when patients are on rigid diet. Yet we have cases of business men who live on steaks and eat some vegetable food.

The same rule applies to neurasthenia. These cases usually occur in those that cannot leave their business. It must be remembered that when the supply of fermenting food is cut off, the patient, previously half drunk and paralyzed by carbonic gas and alcohol, slumps so to speak and lays all his trouble to his diet. At these times it is well to give first-class whiskey or brandy to some cases. No wines, porter, ale or beer. Use Johnston's beef extract ; the whites of eggs slightly poached.

At times patients have to eat entirely against the appetite. In cases where stomachic feeding must be stopped for a while, alimentation has to be done per rectum and skin. It is well for all to remember that even the most depressing of cases where the prognosis appeared fatal, have recovered. Have all chronic cases go on treatment for a year at least and pay fee in advance each month.

We hope to present within a year to the profession a work entitled "Food and Disease, for the Student and Practitioner of Medicine ; upon tuberculosis, Bright's disease, tumor, cancer, rheumatism, diabetes, obesity, uterine disease, laryngeal disease, neurasthenia, etc., etc. Exemplifying the need of the use of the microscope by all practitioners of medicine, and illustrated by over one hundred micro-photographs of objects within and without the body." The work to be sold by subscription only.

## INCONTINENCE OF URINE IN CHILDREN.\*

BY DR. A. J. SWANEY, M. D. OF GALLATIN, TENN.

In January last, a lady brought to me for treatment her daughter, aged 13 years, who had a constant discharge of urine.

Upon inquiry, I learned that she had all her life passed urine frequently during the day, and unconsciously in bed at night. Recently this frequent micturition had greatly increased, which kept her clothes constantly wet. For this cause she could not attend school or any public gathering. She had gone the rounds of the Doctors, and had been subject to a variety of treatment without benefit. Her mother kept copies of a number of prescriptions given, nearly all of which contained belladonna or atropia. This case, with others which have come under my care, has induced me to offer this paper.

Before discussing the various specific causes of incontinence of urine in early life, it will be well to glance at the peculiar physiological conditions which obtain at this period, and constitute the general predisposing cause. The state of the bladder, and the relative development and activity of the spinal cord and brain, must be principally considered, since for the bladder in infants and young children there is a relatively powerful detrusor and a feeble sphincter, the involuntary muscles surrounding the mucous membrane, which by its contraction voids the urine, is well developed, but the sphincter muscle that guards the entrance of the bladder has not sufficient tone in many cases to properly resist the action of the vigorous detrusor. Again, in early life the spinal cord is highly developed, particularly in the motor area, and as a consequence the reflexes are all active; a disturbance that in an adult will produce sensory disturbance, will in the infant be reflected in a motor arc and result in muscular contraction. Hence the centres in the lower part of the cord

\*Read at the Fifty-Seventh Annual Meeting of the Tennessee State Medical Society.

that preside over the action of the bladder, are ready at the slightest irritation to act upon this organ and to cause it to empty itself. In adults the reflexes are not so active, since the brain which holds an inhibitory action on the spinal cord is highly developed. In infants, however, the brain is watery and in an incipient stage of growth so that the proper control of the spinal cord by the higher center is wanting. Owing to these structural and physiological peculiarities, incontinence of urine is very readily induced in early life, if the slightest source of irritation is present. The older the child grows, and the stronger its nervous equilibrium becomes, the less likely it is to suffer from this disease.

It will be an aid in the treatment of this condition to consider the specific causes of irritation that may be active in producing it. One reason the attempts to relieve incontinence are unsuccessful is, that only one drug is given, on the assumption that one cause only is possible, when, as a matter of fact, a number of divers causes are possible, and the treatment that is adapted to one may not apply to another. The various causes may be tabulated as follows :

1. *Excessive acidity of the urine.*—This is usually caused by excessive formation of uric acid ; such urine is very irritating to the sensitive mucous membrane of the bladder, and hence is apt to be promptly and frequently voided.

2. *Over irritability of the muscular coat of the bladder, even when the urine is neutral.*—The unstriped muscular fibres of the bladder may become unduly irritable, just as well as any other of the involuntary muscles of the body.

3. *Weakness of the Sphincter.*—In such a case the urine is not passed rapidly or in full stream, as when the cause is in a forcibly acting detrusor ; it will, therefore, be an aid in diagnosis to find out the manner in which the urine is voided, as when it dribbles away there is probably some fault in the sphincter which requires special treatment adapted to this cause.

4. *From reflex action.*—Any source of irritation in or about the genital tract may be a cause of incontinence of urine ; a local examination may discover a balanitis, or adhesion between

the prepuce and glans penis with smegma around the corona, or ascarides, fissure of the anus, vaginitis etc. My partner, Dr. W. T. Allen, has had two cases of the former, during the last year which he effectually relieved by breaking up these adhesions. In all such cases of incontinence in children the anus and genitals should be examined.

Too great a quantity of urine, from drinking too large quantities of fluid; as a child is living exclusively or largely on milk, the mere bulk may fill up the bladder and act as a cause of incontinence.

6. *Vesical calculi.*—In such cases there will be other symptoms of stone in the bladder besides incontinence of urine, although the latter may be more persistent and annoying.

7. *Malformation of the bladder.*—Several cases have been reported in the literature of the subject, where persistent and irremediable incontinence was induced by one or both ureters opening into the urethra; in such cases the urine would dribble away as it descended from the ureter.

9. *Contraction of the walls of the bladder, owing to hypertrophy of the muscular layer reducing the capacity of the viscus to one or two ounces.*—This I found to be the condition of the bladder in the girl mentioned in the beginning of this paper; the walls had contracted so much that her bladder would not hold more than one and a half ounces of water.

It is evident from the consideration of the various causes of incontinence, that successful treatment must depend upon the discovery of the proper causes in each specific case. Probably the three most common causes are: Excessive acidity of the urine; over irritability of the muscular coat of the bladder; and weakness of the sphincter.

When the urine is highly acid, it must be neutralized by the administration of alkalis. The acetate of potash is one of the best preparations to use, although the bicarbonate of potash or of soda may likewise be employed for the same purpose. Fruits often answer well for children old enough to partake of them, as the vegetable acids are changed to alkaline bases in the system.

Only when the fault is from the detrusor acting too vigorously, does belladonna serve as a specific. Children have a good tolerance of this drug, which must be given in full physiological doses. Five drops of the tincture may be given three times a day at first, and the dose increased by single drops until there is some dryness of the throat and flushing of the skin; when these effects are produced, the drug will control the incontinence; but it is useless to keep pushing belladonna in large doses if it does not soon have the desired effect.

When a lack of force exists in the sphincter, ergot in full doses is indicated; a child five years old can take 10 or 15 drops of a reliable fluid extract three times a day, and it will be well to continue the administration for several weeks, as the drug does not act like belladonna, which shows its effect almost at once if it is going to favorably influence the trouble.

Dr. D. Chapin, of New York, injects 5 or 6 drops of the fluid extract of ergot directly into the connective tissue of the ischio-rectal fossa, with good effect; the drug is thus thrown in close proximity to the neck of the bladder, and, perhaps, has a stronger effect. It is possible, also, that the moral effect of this procedure may contribute materially to its efficacy, through the fear of the pain induced by the prick of the hypodermic needle. It is known that any factors influencing the nervous system of children, such as a change of air and scene, or even a change of bed, are apt to have an effect upon incontinence.

In cases that resist treatment, careful search should be made for reflex sources of irritation. Stretching of the prepuce, breaking up adhesions between the prepuce and glans, or even circumcision, may have to be performed. In the case first mentioned, of the girl thirteen years old, I found a contraction of the walls of the bladder; the viscus would not retain two ounces of fluid without pain, and the urine was highly acid. I followed the plan of treatment advised by Dr. H. Marion Sims, of distending the bladder with injections of warm water, which was done through a silver catheter with a Davidson syringe. This procedure was repeated daily until the bladder held nearly a pint of water, which was accomplished in ten weeks treatment.

Her improvement was rapid from the first injection. She now retains her urine from three to four hours during the day, and if made to get up at night and void her urine does not soil the bed. The distension of the bladder was extremely painful at first, and it required great fortitude to persist in the treatment.

To neutralize the urine, she took large doses of acetate of potash, and, as Dr. Sims directs, no water was allowed to remain in the bladder.

In all cases of incontinence, every thing possible must be done to tone up the nervous system; to this end, tonics must be administered. The most valuable, perhaps, are syrup of iodide of iron, and strychnine, in full doses. As a general prophylaxis, the heartiest meal should be eaten at dinner, with plain food; but little fluids in the evening, and no tea or coffee allowed. The bowels should be kept open, and the bladder should invariably be evacuated before going to bed, etc.

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#### PURPURA HÆMORRHAGICA.—REPORT OF A CASE.\*

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BY J. T. REDDICK, M. D., OF PADUCAH, KY.

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*Mr. President and Gentlemen of the Paducah Medical and Surgical Society.*—On the evening of May 29th 1890, Chas. Morgan col. asked me to visit his wife who, he said was "flooding and about to miscarry." I arrived at the house at 11.15 P. M. There was present a very intelligent old colored woman who informed me, that the patient had had slight labor pains in the forenoon. About 11:30 A. M. she commenced to have hemorrhage from the bowels, which continued at intervals through the afternoon. At times the blood could be heard across the room, pouring from the bowels. Large quantities of clotted blood was shown me, and the bedding was saturated with the vital fluid.

About 5 P. M. she had a hard labor pain, since which time all uterine contractions had apparently ceased. An examination of

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\*Paper read before the Paducah Medical and Surgical Society.

the patient elicited the following symptoms and history. Patient 18 years of age, second pregnancy, eight and a half months advanced in utero-gestation; had been vomiting and was bathed in a profuse cold perspiration, patient restless, tossing from side to side and presenting that train of symptoms peculiar to a fatal prostration of the vital powers from loss of blood.

On making a vaginal examination I found a partially dilated os-uteri; not a drop of uterine hemorrhage and an absence of uterine contractions. A rectal examination revealed intestinal hemorrhage, but no evidences of any lesions of rectal walls. I administered a drachm dose of fluid extract ergot, and stimulants per orem and subcutaneously.

At midnight there was slight uterine contractions, sufficient to engage foetal head in pelvic cavity. My patient continued to sink and at 12:30 A. M. expired.

Autopsy, nine hours afterwards.

Uterus with contents and appendages all in a normal state. Peritoneum and all the abdominal viscera presented a healthy appearance, except some three or four feet of lower portion of small intestine, which presented a contused appearance.

A careful examination of the entire intestinal tract was made, with no evidences of disease or injury other than above stated.

All the lower portion of intestinal tract was filled with coagulated blood: I was unable to make a satisfactory diagnosis, even after an autopsy, but am inclined to the opinion that it was a case of Purpura Hemorrhagica. I am indebted to Drs. Brothers, Stuart, and Horace Rivers for their kind assistance in the post mortem examination.

Gentlemen, my excuse for occupying so much of your valuable time in the report of this case, is the obscurity of the etiology, and to elicit discussion.

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### LITHIASIS—NEPHRITIC COLIC.

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BY RUFUS A. SHIMPOCH, M. D., GOLD HILL, N. C.

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For several years past I have employed Lambert's lithiated hydrangea in cases presenting various types of the lithic diathesis, with uniformly good results. Six months ago I was called

to see a boy of four years, who appeared, during the day time, to be in the enjoyment of good health—that is, he did not complain of anything hurting him and passed his urine without difficulty. At night, however, he would sleep for but one or two hours when he awoke screaming and trying to urinate, straining with all his might upon his hands and knees, but only a few drops or as much as a teaspoonful would pass. No sediment, high color, nor anything abnormal about his urine. He had been examined by several physicians and treated by most of them, without relief.

The youth of the patient and the entire absence of pain during the day were opposing evidence to the diagnosis of stone or calculi, but after having exhausted the remedies by which I hoped to benefit the little fellow, I prescribed Lambert's lithiated hydrangea in thirty drop doses, four times a day. I then gave instructions for proper hygienic treatment until the time when the quantity of medicine prescribed should have been taken, when he was to report to me again.

At the end of two weeks, his father brought him to my office and stated that his condition was somewhat improved and that he rested better at night, his spells, as he called them, were not so severe. I prevailed upon him to continue the administration of the lithiated hydrangea over a period of another two weeks and if at the end of that time, there was no radical change for the better, we would consider the advisability of operating for the relief of what now believed might be a calculus. Three weeks later I met the father of my patient in town and he called to me across the street, "Ah! Doctor, my little boy is all right now; four days after I saw you he passed a gravel about the size of a pea and in three days he passed the second one, and since that time he has not complained, and sleeps well at night."

I have administered Lambert's lithiated hydrangea to several patients who had nephritic colic, after relieving them with morphine and atropia hypodermically, and in nearly every case a small gravel would pass a few days after treatment began and the calculi would generally have the appearance of being partially dissolved. I prescribed it for a man who had been subject to these attacks about once a month for the past ten years, at



times suffering the most excruciating pain before he could be relieved. He has paid physicians a nice sum of money in this time, but he stated to me, only a few days since that he had not had the least symptom of a return of his trouble during the past twelve months.

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## *Selections.*

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**CHLOROFORM.**—In a very interesting article in the *London Lancet* for June 21st ult., discussing the "Second Report of the Hyderabad Chloroform Commission," Surgeon-Major Lawrie concludes as follows:

The Commission has demonstrated that the aim of the surgeon must be to give chloroform so that the blood pressure should fall regularly throughout the whole administration, and that the blood-pressure can only be kept from irregularities by absolute regularity of the breathing. The chloroform must therefore be inhaled in such a way that the breathing is natural and regular throughout. Feeling the pulse during chloroform inhalation is no guide whatever either to the blood-pressure or to the one thing necessary for safety, which is to keep it regular; and it has been shown above that the pulse is of no value as a sign of approaching danger, since it is only affected dangerously (a) when respiration has been interfered with or (b) by an overdose. Lastly, in order to keep the breathing regular, the whole of the administrator's attention must be concentrated upon this point alone; and it is therefore clear that if, as is now recommended in most of the text books, part of the chloroformist's attention is to be given to the pulse, an important element of danger comes into the administration.

We can no longer contend, with regard to chloroform, that the results of clinical experience and of experimental research do not agree. The investigations of the Hyderabad Commission have brought to light a strikingly precise and complete agreement between both. I have stated in *The Lancet* of April 5, 1890, that

the late Mr. Syme's and my own form a continuous series amounting to more than 45,000 cases of almost daily (and often several times a day) chloroform administration, extending from 1847 to 1890, in which the respiration alone was taken as a guide, without one death resulting. Mr. Roger Williams has proved in *The Lancet* of February 8, 1890, from the statistics of one of the largest hospitals in London (which, he says, may be accepted as reliable averages of all the London hospitals), in which the pulse is taken as a guide, and is carefully watched as well as the respiration, that the deaths amount to one in every 1,236 administrations. We thus see that in a long series of 45,000 cases, extending over forty years, in which the chloroformist's attention was concentrated on the respiration alone, and in which the chloroformists were students, there were no deaths at all, while in another series of 12,368 cases, in which a part of the chloroformist's attention was devoted to the pulse, and in which the chloroformists were specialists (anæsthetists), there were no less than ten deaths—a fraction over one in every 1,250 administrations. These clinical results correspond with the conclusions arrived at by the Hyderabad Commission, and are sufficient to show what a tremendous difference to patients the mere method of administration may make. One of the London journals, the *St. James Gazette*, recently published an article on the question, "Is Chloroform Safe?" and answered it by saying, "It depends upon who gives it." We now know that it does indeed depend upon who gives it, but we also know that any intelligent third or fourth years' medical student may be trained to give it safely, so as to do good without the risk of evil.

I think that I have shown that the Hyderabad Commission has proved Syme's principles to be true. The *rationale* of the proof and the keystone to the work of the Second Commission is to be found in the discovery of the safeguard action of the vagus nerve, and in the thorough comprehension of the significance of this fact. As soon as this was demonstrated it became clear that chloroform and shock were not associates, but incompatibles, and that the supposed capricious action of chloroform upon the heart was due either to the stimulating effect of concentrated vapor

upon the nervous system, or to the effect of asphyxial blood upon the nerve centers, resulting in the exclusion of the poison from the system, and not the direct effect of the absorbed poison upon the heart or its nerves.

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**A NEW METHOD FOR ARTIFICIAL RESPIRATION.**—To perform artificial respiration with the greatest efficiency must require two persons. The patient lying on the back, and, if possible, placed upon a table—one operator at the head takes a hand in each of his, and draws the arms directly upward with a slow and steady pull, continuing the traction until the maximum of thoracic distension is obtained. This accomplished, the traction is relaxed, without, however, attempting to press the arms against the sides. At this moment the other operator, who is kneeling or standing by the side of the patient, presses with both hands forcibly upon the chest in a direction backward and toward the median line, so as to diminish both the depth and the breadth of the lower half of the thorax. This pressure, like the traction, is to be made slowly and steadily, and should be continued until the maximum expiratory result is attained, say two seconds. The pressure is then relaxed, and the traction on the arms follows again immediately. In this way about twelve respiratory movements per minute will be accomplished, under conditions giving the largest extension of the chest walls attainable by manual procedure.

It will be seen that this is a combination of a part of Sylvester's method with the method of Howard. Sylvester's method is defective, in that it does not provide for the efficient compression of the thorax, the position of the operator at the head of the patient making such compression extremely difficult. Howard's plan, on the other hand, does not provide for any expansion of the chest beyond the cadaveric position, and is, upon the whole, less effective than Sylvester's. A combination of the two, carried out by two persons, secures a very considerable approach to the results of natural respiration, the action of the diaphragm alone

being unrepresented. Another very great advantage is the division of labor, either of the other methods being exceedingly fatiguing to the operator.—*Virg. Med. Monthly.*

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**MIND CURE AND FAITH CURE.**—Charles Dudley Warner says that the difference between the “faith cure” and the “mind cure” is that “the mind cure doesn’t require any faith, and the faith cure doesn’t require any mind.” The Christian Scientists, whose national convention was recently held in this city, are faith curists. Among the two thousand believers who assembled there was a small sprinkling of men. It is a curious fact, but it is the rarest of occurrences that a man is healed by either faith cure or mind cure. The so-called stronger sex seems to lack both the necessary faith and the necessary mind.—*N. Y. Ex.*

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**THE TREATMENT OF FRACTURES OF THE SHAFT OF THE FEMUR.\***—A subject could hardly have been selected by the Committee of Arrangements about which there is so little contention, yet it is nevertheless true, that it is one of abiding interest to the general practitioner. With him the pressing question is: What method of treatment shall be adopted which, while it will insure average good results, is within his ability to apply, and is within his means?

The fractures which will be considered are: 1. Fractures below the small trochanter—sub-trochanteric; 2. Fractures in the middle portion of the shaft; and 3, fractures at the base of the condyles—supra-condyloid. The best results follow that treatment which consists of extension in a straight line, position, and the adjustment of suitable coaptating appliances to the limb at the seat of fracture. Of the methods of making extension none can compare in efficiency and comfort to the patient with rubber plaster to the leg and the weight attached to the stirrup at the foot, with counter extension by elevating the foot of the bed. Of the coaptating appliances none exceed the plaster of

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\*Abstract of paper read before American Surgical Association, May 13, 1890, by Stephen Smith, M. D., of New York.

paris dressing. If applied, as here proposed, five or six days after the fracture, no damage will be inflicted. The first requisite is a suitable bed with a firm surface, with an opening for the passage of the evacuations. The foot of the bed is elevated four to six inches.

Begin extension at once by the rubber plaster and weight. If the rubber causes irritation, a good substitute is the plaster of paris dressing to the foot and ankle, around which may be secured a cord for the attachment of the weight. A good rule is to apply as many pounds as the patient is years old up to twenty; but after all the best guide is the effect produced.

Four coaptating splints should now be applied to the entire length of the thigh and firmly compressed by four strong tapes. The splints should be of light wood, and wide enough to nearly touch each other. This treatment should be continued for five or six days, when the parts are ready for the permanent dressing.

In substituting the plaster dressing for the splints no change is made in the extension. A roller bandage of heavy blanketing is first passed around the thigh, starting just above the knee and extending as high as the waist line. Then apply three layers of plaster bandage. When the bandage reaches the fractured bone, a mass of cotton wadding is applied to the lower end of the upper fragment, and an assistant presses the bone firmly in contact with the lower fragment and maintains this pressure until the entire bandage is applied. If, when the bandage has hardened, it is too tight at any point, it may be cut enough to relieve the pressure. This bandage should be continued in position at least six weeks. The extension may be discontinued at the end of four weeks, and the patient may move about on crutches. If the plaster splint becomes loose it should be cut along the outer and posterior part, and then tightened with straps or tapes.

If the fracture is in the middle part of the thigh, the plaster bandage should be applied from three inches below the knee to the groin. If the fracture is at the base of the condyles, the bandage should extend from the middle of the leg the entire length of the thigh. It is important in fracture at this point

that the foot should be kept in a position of extension on the leg during the entire course of treatment, in order to secure as completely as possible relaxation of the muscles of the calf.

It must not be expected that treatment of fractures of the femur in the straight position will secure perfect results. On the contrary, perfect results cannot be obtained uniformly in oblique fractures by any method of treatment yet devised. As a rule, however, and in the hands of the general practitioner the straight position will be most satisfactory.—*Practico.*

PLUGGING THE NOSTRILS IN EPISTAXIS.—I notice in the *New York Medical Record* for April 19, 1890, that Dr. Friedenberg suggests another very simple and effective mode of plugging, which he thinks is as good as Bellocq's cannula. He takes a piece of rubber drainage-tubing of small calibre, but of sufficient resiliency, and about ten inches in length. One end of this he introduces into the nasal cavity, and pushes it along the floor of the inferior meatus, through the clots, until it reaches the pharynx. Catching the end in the pharynx with the forceps, he draws it out by the mouth, attaches to it a small compact wad of elastic lamb's wool, rolled in iodoform gauze, and, drawing upon the nasal end, slips the wad into the post-pharyngeal space, and stretches the tube until the cessation of all trickling of blood down the post-pharyngeal wall shows that the post-nasal aperture is occluded. Then, still keeping the tubing taught, he packs the anterior nasal recesses with long strips of iodoform gauze all round the tubing, ties a knot in the rubber close to its exit at the nostril, and through it passes a cross piece of tubing of larger calibre, just long enough to fit easily into the nostril. Finally, he releases the end of the rubber, and so leaves in the bleeding cavity a firm plug, which can be easily removed by drawing the tube a little way out and dividing it behind the knot.

It appears to me that this is a most simple and excellent mode of plugging, and that any good styptic like tannin or iron perchloride can be well applied by it. I should prefer it to Bellocq's canula, which I have made use of with less success than I anticipated.

In addition to the local treatment named above, it is always good practice to administer a saline purgative, of which none can be better than the late Dr. Druitt's "Haustus magnesiæ sulphatis acidus:"

R. Magnesiæ sulphatis.....	ʒj-iv	
Syrup, aurantii.....	ʒij	
Acid. sulphurici dil.....	mx-xx	
Aque.....	fʒ iss	M.
Fiat haustus.		

This draught may be administered with advantage in a wine-glassful of water twice a day for a day or two after the hemorrhage has ceased.—*B. W. Richardson, M. D., in The Asclepiad.*

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**SOME THERAPEUTIC USES OF BUTTERMILK.**—Dr. Stanley M. Ward (*Therap. Gazette*, June 16th) writes as follows on this subject:

"Buttermilk should always be freshly prepared when it is to be used therapeutically. Few stomachs will retain the bitter nauseousness of buttermilk even a week old. When used to check vomiting, it should be administered ice-cold, and it is best to begin in small quantities—half a teaspoonful, repeated at short intervals, say every fifteen to twenty minutes for a few doses, then increasing to a whole teaspoonful every half-hour or so, when, if well borne, it is accomplishing the desired result, and should be given at the rate of a tablespoonful every two hours, or as occasion demands. In the case of children with cholera infantum success in quieting the stomach may often be achieved by interdicting everything else, and using a few drops of fresh ice-cold buttermilk at intervals ranging in length according to the severity of the case. The physician will find that frequently buttermilk will not only control the vomiting of the little sufferers with this disease, but will furnish the required nutriment for many hours. When used in Bright's disease, the stomach not demanding especial consideration, the buttermilk is best given at an ordinary temperature, the quantity at the start being an ordinary glassful four times daily, increasing as the severity of the case and the personality of the patient demand.

In other genito-urinary affections this quantity will usually be found sufficient, though no harm will ensue by increasing it, and if great *ardor urinæ*, as in cases of gonorrhœa, be present, it may be made strongly alkaline by the addition of a quantity of bicarbonate of sodium."—*College and Clinical Record*.

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**BELLADONNA FOR THE REMOVAL OF RENAL CALCULI.**—In the *Prov. Med. Jour.*, October, 1889, Dr. Murray states that, in his experience, belladonna is more beneficial than opium in relieving the pain of renal colic. In cases of renal colic, moreover, the author contends that if the drug is pushed sufficiently long, and in large enough doses, the entire removal of the calculus—first from the pelvis of the kidney to the bladder, and then from the bladder *per urethram*—often follows. Some cases are quoted illustrating this assertion. One patient had suffered for several months from repeated attacks of renal colic, during the last of which he was seen by the author, who gave belladonna until its physiological action on the eye and throat was evident, and then it was pushed further, so that in a few hours a lithic acid calculus was passed as large as an almond. In another case a youth suffered so severely from renal pain that it was decided to operate, but, before consenting, the parents consulted Dr. Murray. He ordered twenty drops of tincture of belladonna every hour, and at the end of five hours a round rough calculus was passed. The special point to be remembered in these cases is to push the drug to its toxical stage, and keep up its action after the pain has been relieved, until a fair time has been allowed for the expulsion of the stone. You may begin with forty minims of the tincture, and repeat it every two hours, increasing or diminishing the dose according to its effect on the pain.—*The N. Y. Med. Times*.

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**A NEW METHOD OF IRRIGATING THE NOSE.**—By Dr. Pins, of Vienna: I have been struck, says the author, by the fact that among all the methods employed for nasal irrigation there is not a single one absolutely free from objection. Most frequently the danger consists in the fluid finding its way into the neighboring



cavities (sinus, Eustachian tubes, etc.), which entails the temporary suspension of the treatment, and at times causes an extension of the lesions. I have sought, therefore, for some better mode of procedure. I use a bottle of moderate size, into which I dip two glass tubes. The first reaches the bottom of the vessel; the second terminates a little above the surface of the contained liquid. To the first is attached a rubber tube, terminating in a mouth-piece, which the patient holds firmly between his lips. To the second is attached another tube, terminating in an olive-shaped extremity, which is introduced into one of the nasal fossæ. The patient then makes a forced expiration, which, on the one hand, brings about a complete closure of the posterior nasal fossæ, and on the other forces into the nasal cavity the liquid contained in the vessel. The fluid makes its exit by the other nasal opening. The stronger the expiration force the more complete is the occlusion of the posterior fossæ; the pressure of the fluid can thus do no harm. I have tried this method in thirty cases, and have been very well satisfied with it. The only contra-indications depend on the presence of serious disease of the heart vessels, or of the lungs.—*Le Mercredi Medical*, April, 1890—*Lyon Medical*, May, 1890.

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POSTHUMOUS DELIVERY.—Prof. Barton Cooke Hirst describes in the *Medical News*, May 24, the case of a dying woman in the last stage of gestation, for whom he advised the resident physician in charge of the case to dilate the cervical canal with his fingers, insert his hand and do a version followed by immediate extraction, surmising, as it proved, correctly, that the tissues of the dying woman could offer no resistance to these maneuvers. The child was born in less than five minutes. He adds that, where the procedure just described is at all possible, he believes it should always be preferred to post-mortem-Cæsarean section. By waiting for the mother's death one may lose the infant as well; the post-mortem section is a disfiguring and bloody operation, which would horrify the friends of the patient, and for which their consent could not always be obtained, and finally there is the

alarming suspicion entertained by the bystanders, if not by the physician, that the woman might not have been dead, but was killed by the operation. On the other hand, version and extraction are as quickly done as section, if one can judge by the single experience; the child is rescued while it is still in good condition; there is nothing repulsive about the operation to the bystanders, and death is not hastened by it.—*College and Clinic Record.*

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**TREATMENT OF GRANULAR LIDS WITH STRONG SOLUTIONS OF BICHLORIDE OF MERCURY.**—The favorable reports which from time to time have appeared in regard to the value of strong solutions of bichloride of mercury in the treatment of granular lids have led to an extensive trial of this remedy in the eye wards of the hospital. The method adopted has been as follows: Every alternate day the everted lids are carefully touched with a solution of bichloride of mercury, 1-300 or 1-120, according to the size of the granulations, while three times a day the conjunctival cul-de-sac is irrigated with a warm solution of the same drug, 1-7000. No other medication is employed. The results have been almost uniformly favorable. In no single instance has the disease been aggravated; in a few it has apparently undergone no modification, while in the vast majority, after four or five applications of the character described, there has been increased comfort, lessening in the size of the granulations, dissipation of the discharge, and not infrequently amelioration of pannus, if this was present. Perhaps the strongest testimony in favor of this application is that given by most of the patients themselves, all of the chronic cases having, either in this institution or elsewhere, had all manner of local astringents applied to their everted lids. Their testimony is practically unanimous that this has given the greatest comfort. It is a painful application, and in sensitive patients, as has been recommended, the eyes may be cocaineized. In most of the instances, however, this precaution has not been deemed necessary. These observations are based upon the experience of

about thirty cases.—*G. E. de Schweinetz, M. D., in University Med. Magazine.*

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**PUMPKIN SEED FOR TAPEWORM.**—Pumpkin seed being the simplest and most available remedy, I decided to try them. I directed the patient to make a strong tea from the seeds, and to use it instead of water. After having used it for four days, I made an emulsion as follows :

Take two ounces of pumpkin seed, put into a mortar and pound, hull and all, into as fine a powder as possible. To this add half a pint of water and let it stand all night. I then ordered the patient to eat no supper or breakfast, but to take the emulsion instead of the last-named meal. Two hours later I ordered him to take two ounces of molasses and two hours later I gave him one ounce of castor oil with one drop of croton oil added. In another hour a monstrous tapeworm, three-fourths of an inch wide at the broadest part and fourteen feet four inches long was in our possession, having been completely dislodged head and all, and passed ribbon-like and unbroken, not a single joint misplaced.

This is a case of very long standing (24 years) and one in which a very simple remedy proved remarkably successful.

I hope that it will prove as interesting to some other as it has been to me.—*Samuel Lile, M. D., in Philadelphia Medical and Surgical Reporter.*

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**ECZEMA.**—Shoemaker says that for the itching of the skin so commonly met with in eczema there is nothing that affords such prompt and effective relief as a mixture of equal parts of glycerine and lime water. This may be applied to the skin as often as necessary.—*Northwestern Lancet.*

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**SANDER & SONS' Eucalypti Extract (Eucalyptol).**—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Greifswald.

## Editorial.

### HA! IS THAT SO?

Under the head of "Domestic Correspondence," in the *Association Journal*, of date July 5th, 1890, and over the signature of William G. Eggleston, 204 Cass street, Chicago, is found the following paragraph:

"I was particularly interested in Dr. Moore's address, because in an editorial in the *Journal*, January 21, 1888, I wrote in favor of a Department of Public Health, and so far as I know such a suggestion had not been made before."

A statement of this character might be pardonable if it were in accordance with facts, and was the emanation of a mind that was not fully *au fait* with the medical literature of his day. But when a resident of a great metropolitan city like Chicago, one who was for four years at least, editorially connected with the *Association Journal*, and presumably was a member of the American Medical Association, should show such lamentable ignorance of the literature of the Association itself, it evokes a smile at least from the editor of THE SOUTHERN PRACTITIONER.

The managing editor of the *Association Journal* should have protected his correspondent, by withholding his communication until he could have conferred with him, and shown him his egregious and egotistical blunder.

If Dr. Eggleston or the managing editor of the *Journal* had referred to the transactions of the American Medical Association, they would have found that Dr. C. C. Cox, of Washington city, in 1871, advocated just such views as were enunciated by the venerable, distinguished and able President of the Association in his address at the Nashville meeting, in which he very ably advocates a very important measure, but modestly takes no credit to himself in so doing.

The editor of this journal, in his address before the general session of the Association, as Chairman of the Section on State Medicine, at the thirty-fifth annual session of the Association, held at Washington, D. C., 1884, devoted the greater portion of the

forty minutes allotted him to a discussion of the Subject of medical education, in which he adduced as he believes, as yet undisputable argument that it was a subject belonging entirely to the medical profession, and was not within the province of local, municipal, county, State or national control—it was not, and is yet not a subject coming within the domain of State medicine, nor can it ever be. State medicine has quite enough to do within its own natural and reasonable limits to keep it busy indeed, without going outside its bounds and undertaking a work beyond its powers.

For the benefit of Dr. Eggleston and the managing editor of the *Association Journal* the following lengthy extract from the latter part of the address, which was published in the *Association Journal*, July 5, 1884, Vol. III, No. 1, is respectfully submitted.

“The next subject to which I wish to call your attention is a more perfect organization for State medicine. And in doing so I do not propose to become the partisan of either faction involved in an unfortunate wrangle in regard to National Sanitary matters. I most cordially recognize and acknowledge the excellent results as accomplished by the National Board of Health, both in its labors of investigation and as the custodian of the appropriation made by Congress for the prevention of epidemic diseases up to July, 1884. The members of that Board as Scientists and as Sanitarians are deserving of the lasting gratitude of the American people. As cheerfully do I accord the same meed of praise to the Marine Hospital Service from July, 1884, to the present day. But I must deplore and sincerely regret the contest that has arisen between them. Having carefully examined into this imbroglio, having impartially considered both sides of the question, and having patiently and carefully read the statements made by the opposing parties, I can only say: Unfortunate for the National Board of Health, unfortunate for the Marine Hospital Department, and most unfortunate for National Sanitation.

But let us try and correct the error. The National Board of Health is the result of earnest and faithful work on the part of this Association, and its younger ally, the American Public Health Association. It was authorized and established by Congress in answer to repeated applications of the two organizations, so terribly emphasized by the yellow fever epidemic of 1878.

With a morbid dread of an autocracy, with an apprehension of placing too much power in the hands of one man, I am of the opinion that error was committed in its inception. It was made too unwieldy. Incompatible elements, apparently, have entered into its composition, and in the struggle that has ensued we have seen that these representative men have “degenerated into detraction, ridicule and unseemly personalities which can only result in great injury to the public health service.” By its representative organization, by selecting its members partly from four departments of the public service, and with seven civilians from as many different States, have we not secured a “divided responsibility” ending “in inefficiency and failure?” Can it be possi-

ble that with its brief but brilliant record, the auspicious future preasing its advent, it is so soon a stranded wreck?

Would it not have been better to have modelled it in exact conformity with the Departments of our National Government? Surely the Department of Justice is of no greater importance, is of no more utility or benefit than a Department of Health, if organized and sustained in the same manner and on the same basis. I think it would have been far better if we had demanded, and I do not believe it is yet too late, that a Department of Health be created by Congress, with a Chief, the Secretary of Health, or Medical Director of the United States, a member of the President's Cabinet, nominated by him and confirmed by the Senate as other Cabinet officers, and with equal rank and compensation as other members of the Cabinet; said Chief to organize his Department by the appointment of the necessary assistants, sanitarians, scientists, chemists, physicians, surgeons, clerks and other subordinates, just as is organized the Department of Justice and other Departments. Said Chief to advise with the President when necessary, and to report the working of his Department to Congress as required.

To this Department would be referred all matters of National Sanitation, such as quarantine of seaports, the regulation of inter-State quarantine, and the aid and assistance to be granted under State and local sanitary organizations, when occasion required, under certain restrictions. But I have not time or space to go into specific details, and they will readily suggest themselves.

With the advice of this Department, Congress could intelligently legislate as regards all matters of National sanitation, including marine and inland quarantine. With the advice of such a Department Congress could intelligently and successfully aid State and local health boards and officers in their effort at prevention of disease requiring more ample means of suppression than within their power.

The objection, and I believe the principal one that can be brought against the National Board of Health, was that it was too unwieldy. That there was an objection, and a tangible one, is evidenced by the fact of its failure to secure that confidence necessary for its proper maintenance, or to hold the position originally assigned it. I have no hesitation in asserting that a similar result would have inevitably ensued if the Department of the Navy, or the Army, the Department of Justice, or the Interior, had been organized on a similar basis—no matter how able, how eminent, or how efficient the members of the Board in charge.

As before stated, a Department of Health is of fully as much importance as that of justice, war, or the navy. Recognition of this fact is but an evidence of progress in civilization. "Public health is public wealth" is an established axiom in civilized and intelligent communities at this day. As enunciated by England's great primate, "it should be the statesman's greatest care."

Fully recognizing its needs, as our entire people now do, the question is, how best to meet the issue? Our national legislators are elected by the people, and from the people. They are ever ready to pass any law that will benefit those whom they represent, and while occasionally they may have one in their midst

who has had special training in medical or sanitary science, or one who like our distinguished Senator from Tennessee—the Hon. Isham G. Harris—under the pressure of impending circumstances, will turn the entire weight of his intellect, and bring his every nerve and fibre to bear upon questions of National sanitation, yet the outcome so far has been indifferent good.

The bill establishing a National Board of Health, together with the one for the prevention of epidemic diseases has found serious objections in more quarters than one. Hon. Casey Young, of Tennessee, has recently, in a bill introduced, made certain suggestions in regard to this question. So also may be said of Hon. Mr. Pettibone. These suggestions, I apprehend, will not fully cover the ground. They do not sufficiently comprehend the magnitude of the question at issue, its many intricacies and the numerous conflicting interests to be reconciled.

The army and the navy have their own particular needs. While their medical staff are composed of able, talented, scientific, thoroughly educated and energetic men, and men who have closely studied the question of sanitation as regards their particular branch of the service, yet this is entirely different in many particulars from National sanitary work. That the Marine Hospital Service—a sub-department of a department—has quite enough to do in its own particular line, is well demonstrated by the fact that only during the winter just past, individuals under its own care and for whom it was organized, have become charges upon the counties of my own State, and thereby have disseminated the seeds of small-pox in more than one locality on the banks of the Tennessee river.

I do not wish to be understood as recommending an "autocratic power to be conferred on any one man, with sole discretion in regard to quarantine," marine or inland, or other matters belonging to State Medicine. By no means. I, as much as any one, believe in certain rights belonging to the States, and certain rights by the people and by the States delegated to the National Government. There is no autocracy in the Treasury. Yet, without this Department as now organized, how could our National law-makers as successfully grapple with the intricate and delicate problems of finance? Is the "dollar of our daddies" of more importance than the lives of our fathers, our mothers, our wives, our children, or ourselves? Are monetary questions more difficult of solution than sanitary, that we grant to Congress an able adviser, with able assistants, educated and trained as each separate need demands, for carrying out the regulations and edicts of that Congress? Are they more important? It is by no means an autocracy that is needed. Let Congress as the voice of the people, say what steps shall be taken to meet the invasion of foreign or domestic disease; and that it may act advisedly, and that it may have the means of carrying out its dictates—let it have a Department for this special purpose. Recruit this Department from the army, the navy, the Marine Hospital Service, or from civil life, from its head to its most humble subordinate; but these recruits, when in its service, owe allegiance to it alone. And when necessity occurs, or emergency arises, give such aid as may be needed from other departments of the government, as such need or emergency may demand.

Is there danger that an inefficient or unsuitable man may be placed at its head? No more danger than that our Chief Executive will appoint, and the Senate will confirm an inefficient or unsuitable man as Secretary of State or of the Treasury. He is responsible to the people. His appointee is responsible to him, and through him to the people for the faithful execution of such laws and regulations as the people, through their representatives in Congress assembled, may decree to preserve them from foreign pestilence or domestic disease.

Dr. J. F. Hibberd, of Indiana, as Chairman of the Section on State Medicine, in his annual address in New York, 1880, very justly compliments the National Board of Health in "that some degree of harmony of action was established among the various State and local Boards of Health that were charged with the immediate execution of sanitary regulations." And further says, that "it should be clearly recognized that the National Board does not supercede local sanitary organizations." Recognizing as we do certain rights and duties belonging and pertaining to towns, cities, States, and the inhabitants thereof, I can clearly foresee and confidently expect a far greater degree of harmony as the outcome of a properly organized department, with a responsible head, than with a cumbersome Board. To use the words of one of the most eminent members of the National Board, Dr. Stephen Smith: "Divided responsibility must end in inefficiency and failure." As in many of our States, we have quite a diversity of legal, social, commercial and other regulations as pertaining to the varied questions of political economy in the different States, all working smoothly together as a whole without conflict, because harmonized and properly restrained as regards each other by the various departments of the National Government; so, also, there is just as positive a certainty of harmonizing National, State and local questions of Health by a similar department.

Dr. C. C. Cox, of this city, in 1871, advocated views somewhat similar to the suggestions I have the honor to submit. And in 1872 a bill was introduced into the U. S. Senate providing for the establishment of a national sanitary bureau, with a chief executive officer; but as advocated by Dr. Cox, subordinate to the Department of the Interior. The duties of the chief, which are specified at length in the bill, were to collect information on sanitary matters and to report on the same from time to time. He having the appointing power to select such additional officers required, as chief clerk, chemists, experts, etc. Dr. Jno. S. Billings in his report on the National Board of Health and Quarantine to this Association in 1880, says that "there was a general feeling among sanitarians that this bill was not opportune, that the circumstances were such that it would lead to purely political appointments, and that the result would be upon the whole prejudicial to the cause of public hygiene. It therefore received little or no cordial support. The American Public Health Association did not recommend its passage, and it was practically pigeon-holed in the Congressional Committee to which it was referred."

A similar idea was suggested in the American Public Health Association in 1873, by a resolution recommending a National Health Department similar to that of Agriculture or the Bureau of Education. The resolution does not say to what department it should be subordinate.



# Gastric Derangements.

## Horsford's Acid Phosphate.

Unlike all other forms of Phosphorus in combination, such as dilute phosphoric acid, glacial phosphoric acid, neutral phosphate of lime, hypophosphites, etc., the phosphates in this product are in solution, and readily assimilative by the system, and it not only causes no trouble with the digestive organs, but promotes in a marked degree their healthful action.

In certain forms of dyspepsia it acts as a specific.

Dr. H. R. MERVILLE, Milwaukee, Wis., says: "I regard it as valuable in the treatment of gastric derangements affecting digestion."

Send for descriptive circular. Physicians who wish to test it will be furnished a bottle on application, without expense, except express charges.

Prepared under the direction of Prof. E. N. HORSFORD, by the

**RUMFORD CHEMICAL WORKS, Providence, R. I.**

**Beware of Substitutes and Imitations.**

CAUTION.—Be sure the word "Horsford's" is *printed* on the label. All others are spurious. Never sold in bulk.



## "BELAIR,"

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**Private Infirmary**

—FOR—  
**DISEASES PREVALANT TO WOMEN**

Belmont Avenue and Hayes Street,

**Nashville, - Tenn.**

Was opened for the reception of patients on January 1, 1890.

This institution is located in one of the most desirable residence portions of the City of Nashville and without any objectionable surroundings. The appointments are first-class, and nursing by trained and thoroughly qualified attendants.

Physicians wishing to send patients to such an institution, whether for medical or surgical treatment, will please address either

**J. R. Buist, M. D.,**  
151 N. Spruce Street,

or **Richard Douglas, M. D.,**  
206 N. Summer Street,

Nashville, Tenn

# THE PITH OF THE PEPSIN AND THE PEPTONES.

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"If, now, a peptone is present, you have not a substance capable of doing this work, but, on the contrary, you have the product of such work already performed, and to just the extent to which such peptones are present your product is ineffective. \* \* \* \*

"Finally, I may say that it is a mistake to believe that a pepsin does any better work because of its being freely soluble."—*DR. RUSBY.*

"It has been observed during this investigation, that deliquescent pure pepsins were no better than saccharated in their average strength."—*DR. ECCLES.*

"There is a class of preparations on the market which claim on their label to be pure pepsin, none of which that I have met with are pepsin at all \* \* \* \*

"These preparations were in the form of scales originally, and changed to this pasty mass on standing in a cool, dry place in my store in uncorked bottles.

"They are soluble in water, and by Vittich's and other tests are without doubt peptones, and should never be dispensed except when demanded by the physician."—*PROF. BARTLETT.*

Fairchild's Pepsin is not a Peptone, it is the most active, it is absolutely permanent.

If your patient complains about the powders becoming sticky, investigate—place the blame where it belongs—on the peptone which the druggists has been told is "just as good," "same thing," and "cheaper" than Fairchild's.

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**NEW YORK.**

My objection to Dr. Cox's suggestion is, that if either should be subordinate, the Department of the Interior might be made as an annex to the Department of Health. For of the two, I cannot but think that our National Health, and the questions pertaining thereto, are paramount. As for the political bias that seemed to be so much dreaded, it has no fears for me. If a department is created as suggested, we can, I think, very safely trust the chief magistrate elected by the American people, no matter from what particular political field he may come, to select a head for that department, to manage it according to the regulations of a Congress elected by the same people."

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NONE OF MY FUNERAL.—The *International Journal of Surgery*, for June last, has the following paragraph in regard to the late meeting of the Medical Editors Association :

"The banquet which followed the meeting, and was supposed to have been tendered by the local editorial fraternity, was rendered decidedly 'indigestible' by an unexpected assessment of \$2 collected from each banqueter before the soup was served, and an additional \$5 from more than a dozen of us later on when it was announced that the caterer had an unpaid balance of \$66, against those who had just enjoyed the hospitality (?) of Nashville's medical editors. Somebody said 'Rats,' but we paid for our 'experience,' and only kicked amongst ourselves."

Although the editor of this journal has on previous occasions been agreeably entertained and greatly interested in the meetings of this Association, owing to a difference of opinion with the Chairman of the Committee of Arrangements, he had no part or parcel in the last meeting, at which Bro. King seems to be somewhat disgruntled. However, he begs leave to respectfully tender his regrets that Bro. K.'s digestive organs were impaired to any great extent by the "Kentucky treat."

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CORRECT TEACHING.—More than thirty years ago, the instructions given to the classes in attendance in the lecture halls of my alma mater, by the late Prof. Paul F. Eve, M. D., Professor of Surgery, in the administration of chloroform (his preference being for the mixture of equal parts of chloroform and sulphuric ether, at that time), was to "keep your eye well upon the respiratory movements." "Let the pulse alone—it will take care of itself so long as respiration is correct." "When the pulse begins to fail, to falter, to flicker, it is either because your patient is beyond your help, or a merely nervous manifestation

that is of no moment. Look well to the respiration if you would heed a danger signal that will be of service."

The first article in our "Selected Matter" this month, shows how correct was this teaching of nearly a third of a century ago, as demonstrated by the Hyderabad commission.

My own experience during the past thirty years, in which I have seen a fair amount of anæsthesia produced, on the battle-field, in the field hospital, in private practice, the college clinic, and the wards of civic hospitals fully sustains the teachings of my old and revered teacher. I have yet to see a fatal case of anæsthesia.

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A. PAGE, M. D., Rushmore, O., says: I have prescribed Aletris Cordial (Rio) in preference to all other similar preparations for a period of two years with no failure in a single instance. I also spoke of its merits in our last meeting of the Northwestern Ohio Medical Association, in a paper which I read before that body. I treated a case of a young lady of twenty-three who had been troubled with excessive menstruation for five years amounting almost to a hemorrhage, at each period, and lasting ten days. Prescribed Aletris Cordial to be taken in drachm doses four times a day, commencing five days before each period; the first bottle reduced the discharge preceptibly and shortened the duration from ten to six days, ordered it to be taken during the interim of the next period and the result was almost magical, the second period being reduced to four days which was normal and the discharge was the same. The patient has now been eight months without any treatment and she as also myself considers the case permanently cured.

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THE CHURCH CART MANUFACTURING CO., of St. Paul, Minn., have recently filled for us an order for one of their Physician's Buggies. It is neat, tasty, strong, durable and comfortable, and their terms most reasonable. After trying quite a number of different vehicles during the past dozen years, on the rough and stony streets of our city, I can unhesitatingly pronounce their "Dexter Spring" vehicle the most comfortable and agreeable of all. They also manufacture Road Carts, Carriages, Phaetons, Buggy Cases, and Physician's Specialties. Any of our readers needing anything in this line will do well to correspond with them. We can most heartily commend them for reliability and integrity.

THE MASTODON SULPHUR WATER FOUNTAIN AND BATHING ESTABLISHMENT is one of the most agreeable features in the development of our city's progress. This water, so highly valued by the original red-skinned occupants of this section, is now brought to the very centre of the city in wooden pipes, and a magnificent bathing establishment has been fitted up opposite the Maxwell House, abundantly supplied with this grand remedy from Dame Nature's own laboratory. Cold, warm, hot, and vapor and shower baths of this water have proven invaluable adjuvants in the treatment of cutaneous, renal and blood diseases, syphilis, rheumatism, scrofula, gout and dyspepsia. Write to Dr. W. D. Haggard, North High street, Nashville, Tenn., for special information.

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SUCCUS ALTERANS.—My experience of "Succus Alterans" was limited to one case of secondary syphilitic roseola, with sore throat, etc., in which it was administered solely, no other remedy being used. The patient had a scrofulous history, hence the reason I selected it. Its administration was attended with the happiest results. The young gentleman made a complete recovery, and has since then (about two years ago) enjoyed excellent health, not having the slightest return of any syphilitic symptoms.

I am, sir, your obedient servant,

P. J. MACNAMARA,

(M. D.; F. R. C. S., Ireland; L. K. Q. C. P.; L. R. C. S., Ireland;  
Medical Officer, Bruff, etc.)

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PROPRIETARY MEDICINES.—This question is being considered by the Nashville Academy of Medicine. A very excellent paper was read at its last meeting, by Mr. Richard H. Gordon, one of the leading and most progressive druggists of this city, a thoroughly educated and experienced pharmacist, and a member of the well-known firm of Demoville & Co., who advocates similar views to those submitted by the Tennessee State Druggist's Association at the last meeting of the American Medical Association.

Editorial comment on this subject will be deferred until an expression of opinion from the Academy of Medicine is rendered.

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MESSRS. WM. R. WARNER & Co. have some valuable preparations advertised in this number. Their two-page insert advertisement will well repay a careful reading.

THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION will meet at Louisville, Ky., October 8, 9 and 10, 1890. Titles of papers should be in the hands of the Secretary, Dr. E. S. McKee, 57 W. Seventh street, Cincinnati, as soon as possible.

The American Rhinological Association will meet at the same city, the same week, viz: October 6, 7 and 8, 1890. Titles of papers should be sent to the Secretary, Dr. R. S. Knode, National Bank Building, Omaha, Neb. These two associations meeting together will attract a large number of the best men of the medical profession, and the well-known Kentucky hospitality will make all welcome and no one will regret going.

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Hoff's Malt, Tarrant's has been triumphant at every turn. Leopold Hoff; the manufacturer, has not only caused the firm which has assumed the name "Johann Hoff" to be convicted of circulating a falsified court decision, but succeeded by the excellence of his Malt Extract in obtaining the Bronze Medal at the Hamburg Exhibition and a special medal of honor. This is the only medal ever awarded to a Malt Extract at a public exhibition in the German Empire.

The genuine imported can only be had in the United United States under the label "Hoff's Malt, Tarrant's."

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We have received the July number of *The Old Homestead*, a monthly domestic magazine published at Savannah, Ga., by Davis Bros., and find it rich with choice original stories, poems, essays, etc., that evince an unusual degree of merit. The contributions are mainly from talented writers of the South. Many of the contributors are known to fame and others will rank among the literary celebrities of the future. *The Old Homestead* contains the latest illustrated fashions and select vocal and instrumental music. The subscription price is only one dollar a year. Write for sample copy, free. Davis Bros., publishers, Savannah, Ga.

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FRIENDLY VISITORS.—Drs. H. P. Williams of Cowan, A. B. Brown of Waverly, D. D. Britton of Hawkins Co., A. W. Terry of Wilson Co., and others favored the *SOUTHERN PRACTITIONER* with a call while attending the State Democratic Convention July 15th *et seq.*

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CHATTANOOGA MEDICAL COLLEGE.—Write to Dr. Cobleigh, 729 Chestnut street, Chattanooga, Tenn., for announcement and catalogue.

IN HEADACHES of all kinds and from whatever cause Peacock's Bromides has given me more satisfaction than anything that I have ever used in a practice of twelve years. When a patient comes to me and asks me if I can cure his or her headache, I unhesitatingly say yes and do it with Peacock's Bromides. It has never failed.

S. L. BARR, M. D., Cavour, Dak.

THE ALVARENGA PRIZE, of the *College of Physicians of Philadelphia*, consisting of one year's income of the bequest of the late Senor Alvarenga, of Lisbon, has been awarded to Dr. R. W. Philip, of the Victoria Dispensary for Consumption and Diseases of the Chest, Edinburgh, for his Essay on Pulmonary Tuberculosis, which will be published by the College.

NUTROLACTIS, as manufactured by the Roseberry Nutrolactis Co., 18 Cortlandt street, New York city, is a true galactagogue. It will unquestionably increase a scanty, inefficient and defective supply of milk to a full and nutritious abundance. Having tried it thoroughly, can heartily commend it.

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SANDER & SONS' Eucalypti Extract (Eucalytol).—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Griefswald.

MALTED MILK.—The advantages of sterilized milk cannot be ignored. Send to the Malted Milk Co., Racine, Wis., for a sample of Malted Milk.

ROBINSON'S WINE OF COCA is a nerve stimulant and is peculiarly valuable in all cases of mental and physical exhaustion.

PONCA COMPOUND as manufactured by the Mellier Drug Co., of St. Louis, Mo., is a valuable alterative in uterine disorders.

HORLICK'S MALTED MILK.—Samples will be sent free to any physician on application to Malted Milk Co., Racine, Wis.

## CONTENTS FOR AUGUST, 1890.

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### ORIGINAL COMMUNICATIONS :—

Feeding in the Wasting Diseases. By Ephraim Cutter, A. M., M. D., LL. D., and John Ashburton Cutter, M. D., B. C.....	319
Incontinence of Urine in Children. By A. J. Swaney, M. D.....	334
Purpura Hæmorrhagica—Report of a Case. By J. T. Reddick, M. D.....	338
Lithiasis—Nephritic Colic. By Rufus A. Shimpoch, M. D.....	339

### SELECTIONS :—

Chloroform .....	341
A New Method for Artificial Respiration.....	343
Mind Cure and Faith Cure.....	344
The Treatment of Fractures of the Shaft of the Femur. ....	344
Plugging the Nostrils in Epistaxis.....	346
Some Therapeutic Uses of Buttermilk.....	347
Belladonna for the Removal of Renal Calculi .....	348
A New Method of Irrigating the Nose.....	348
Posthumous Delivery.....	349
Treatment of Granular Lids with Strong Solutions of Bichloride of Mercury.....	350
Pumpkin Seed for Tapeworm.....	351
Eczema .....	351

### EDITORIAL, REVIEWS, ETC:—

Ha! Is That So?.....	352
None of My Funeral.....	357
Correct Teaching.....	357
Editorial Items.....	358-361



# THE SOUTHERN PRACTITIONER.

AN INDEPENDENT MONTHLY JOURNAL,  
DEVOTED TO MEDICINE AND SURGERY  
SUBSCRIPTION PRICE, ONE DOLLAR PER YEAR

DEERING J. ROBERTS, M. D., - - Editor and Proprietor.

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## *Original Communications.*

### FALLACIES IN MEDICINE.

ANNUAL ADDRESS BY J. S. CAIN, M. D.,  
*Professor of Principles and Practice of Medicine with Clinical Medicine and  
General Pathology, Medical Department University of Tennessee; and  
President of the Nashville Academy of Medicine.*

*Mr. President and Fellows of the Association:*—The subject upon which I am about to deliver to you an address at the close of my official term as your presiding officer, is one of your own selection and not of my choosing, and probably would not have been selected if left wholly to my choice, for the very nature of the subject implies that fallacies do exist in our profession, and he who points them out by either designating the fallacy, or the perpetrator, must necessarily assume, to some extent, the character of a critic for which nature and inclination both unfit me.

A fallacy may be defined according to the best English lexicographers, as something which deceives or misleads, close akin is sophistry or false and misleading argument, deception or false acting. Mr. Webster gives even a more latitudinous definition of fallacy, and would allow it to mean an error or mistake.

Then, I think that I may under license of this definition, say, all such matters in the profession which are calculated to deceive or mislead its members or the public, or which may have a tendency to divert professional thought or action, from the straight and beaten path of legitimate medicine, may properly be termed fallacies. All actions, theories and teachings which bear not upon their front, the blazonry of ungilded truth, whether the result of design, ignorance, superstition, or the blind and obedient following of precedent or teaching, must be tried by the same unerring test and stand or fall according to this rule.

Another theorem which I would lay down for the guidance of our reasoning upon this subject, is: whatever is wrong or fallacious, if practiced by the profession as a whole, is equally wrong, if done by an individual member. This will often aid us in arriving at conclusions as to the propriety of individual actions, which are often condoned and looked over on account of individual popularity or personal influence. Ask yourselves how would such actions appear if indulged in by the entire profession?

It is clear that fallacies in medicine may be divided into two primary classes. One belonging to the honest followers of the profession, who act from conscientious motives, no matter how misled they may be, or how misleading and fallacious their acts may be. The other composed of the quack, the charlatan, and the pretender, whose frauds and fallacies are studied and practiced upon the profession for notoriety or place, and upon the ever credulous public for purposes of gain; of the latter I do not propose to speak, feeling and rejoicing that they do not come within the sphere of my subject. To this class I may say, that I would relegate a large and numerous horde, which the non-professional public associate with our profession, but which all honorable physicians decline to recognize.

To this class belongs the pretentious advertising quack, in all of his multifarious forms and phases, whether he has entirely cut loose from honorable medicine, or as is too often the case, bears our colors, and sometimes flaunts our diplomas and mingles in our assemblies, that he may the more successfully practice his nefarious schemes.

To this class also belongs the exclusive pathy monger, who with his little bundle of infinitesimals and high potencies, and his constricted theories and narrow conceptions, weaves a woof of sophistry and fallacy about his chrysalis form, where without the faculty or merits of further evolution, in his narrow limits and with his meager stock and restricted ideas, he attracts the credulous and unwary, as do his co-workers in other departments of quackery and humbuggery.

He fails to find a congenial field for labor and practice in honorable medicine, whose empire is as broad as the universe, and whose explorers draw from the entire organic and inorganic kingdoms their treasures, and extract from them all that promises relief to suffering humanity, and which does not exact from its votaries any obedience to theory or dosage further than to employ the remedies with which nature has so bountifully surrounded us in an open, dignified and honorable manner. Rather, he fences himself apart with a ridiculous theory and an assumed importance, declaring that he is of a new school and improved system, all the while employing upon his misguided and deluded victims, the same remedies and dosage employed by the regular profession so far as his limited stock of medical knowledge will enable him.

I will with these allusions dismiss this class. They are with us and often humiliating amongst us, but not of us. Their sphere is with the ever credulous public, upon which they feed and fatten, and often flourish like a green bay tree.

I will, then, devote my attention to the profession, and by this term I mean to those who can honestly repeat the professional creed, and, who in reply to the oft asked question, *to what school of medicine do you belong*, can say I am a regular physician; I know no other school or party, nor do I recognize but this one.

There is, however, a rather numerous class to whom I wish to devote a word further on. These come and go with us, and are amongst us, I will not continue the analogy and say, like Judas, betray us. But they sometimes do things which the better class of the profession could wish undone. They do sometimes stray almost too close to the polluting border line of quackery to preserve the spotless purity of the professional

ermine in which every physician should be clad. These are most frequently the undesigning fallacies of individuals, under the promptings of individual reasoning and personal interests.

In the very nature of things, fallacies such as I have designated, must necessarily creep into the profession. Fallacy and truth in most things, are to the physician mere relative terms without any definite meaning or standard of comparison. Did you ever reflect how very shadowy and unsubstantial a thing a medical truth so-called, appears when submitted to the tests which govern evidence in other departments of logic? The truths which our profession cherish, and upon which it mostly relies, are those which have descended to us from the individual and the aggregated observations of the past. We have neither absolute nor revealed truths to guide us, nor can we claim the enlightenment of intuitive truths, such as carry conviction with them, and have only to be stated to be accepted, such truths as "give sacredness to genius," and have been sung by poets and taught by moralists in all ages. But medical truths are not, and cannot be intuitive, notwithstanding the practices of some physicians, would indicate that they possess some intuitive process of arriving at facts not accessible to the ordinary painstaking, plodding brother.

Demonstrable truths are seldom available to us; these are the reasoning processes of the mathematician, and while in theory absolutely correct, in practice, subject to all the defects of human frailty.

Although the time seems propitious and the outlook hopeful, when with the aid of chemistry, the microscope and the spectroscope, and the demonstrations of the cultivation of disease producing germs, and with these cultures the reproduction of disease, the profession may in the near future hope to attain something of the facilities of actual demonstration for arriving at conclusions from medical investigations; still I may assume that for all purposes of medical reasoning, we have no well defined standard; we cannot reason like the Christian who goes to his bible as the acknowledged source of all truth; or like the lawyer who goes to his reports and decisions; or like the mathematician who reasons from his axioms and postulates; or like the chemist who armed

with his test tubes and reagents, forces nature to yield up her hidden truth.

But our profession, for all the heritage of knowledge which is the accumulation of bygone ages, must look alone to truths, which are the result of observation or to inductive truths. The search after which has furnished the life spirit of the so-called natural laws, the revelations of chemistry, geology, astronomy and medicine. These knowledge treasures are the off-spring of time and not of authority. Facts are their materials and co-ordinated facts their laws. Theories alone, which have ruled the world like succeeding shadows upon the mountain's side, or like styles in equipage and dress, have flourished and disappeared with the period which gave them birth, but facts recorded two centuries before the christian era, are to-day, often observed, as recorded by the Father of Medicine upon his tablets, while the theories of Galen, Paracelsus, von Helmont, Sylvius, and other bare theorists are less honored than the scattered dust of their originators.

Then, while the most precious medical truths which we have heretofore possessed, are the result of individual co-operative observations, it is evident that the medical theories and literature of the times are largely composed of individual observations, and with all of our defects for observing and recording correctly, it cannot be wondered that fallacies and misunderstandings have crept into the profession, even through the best guarded portals.

Without alluding to the fallacies of medical men who have lived and passed away with bygone ages, but who like a brave and noble army, with their faces ever turned toward the grand Orient of truth, have marched under the banner of honorable medicine, ever observing and evoking from nature and disease, what seemed to be of value to suffering humanity, and transmitting it to those who succeeded them; I desire not to go back over the records of past ages, and collect and chronicle their many fallacies and follies, for with all of these which unquestionably existed, much of their professional work stands forth to-day unquestioned, even in the light of modern science, and many of our most precious professional pearls are culled from the decaying shells of the past.

To find fallacies enough for review upon the present occasion, it is unnecessary to look further than the period in which we live, and within the memory of many of the Fellows present.

To the blind following of fashion, precept and theory, and the unquestioned acceptance of master minds, do we find the first cause of complaint. Many of us perhaps recollect and may have participated in the decline and latter days of the grandest fallacy which ever took hold upon the medical mind. I allude to the practice of blood letting in nearly all diseases, which prevailed as a universal practice for many ages, in all countries, where medicine was studied, and practiced as a science. We read in all the works on practice of the times, the advice to place the patient in a sitting posture and bleed to syncope, and as soon as recovered set up and repeat the bleeding, and this too in diseases where such practice as the present time would be considered little less than murderous. The evidence of inflammatory action was sought in the characteristic coagula of the blood, and venesection was the only remedy. Finally, the pendulum of professional fallacy swung back, the lancet was placed in its case, there to remain unmolested, and perhaps there exists in the profession of to-day as great a fallacy, though less fatal to the world, in withholding this remedy in the few cases, which now and then occur, in which it furnishes the only hope of relief.

The reckless and almost universal practice indulged in for ages, and emphasized with renewed life and vigor by Dr. Cook, of administering calomel in enormous and ptyalizing quantities, in its day was a fearful and fatal fallacy, which the non-professional saw and appreciated, before the trend of public sentiment had dawned upon the blind example following professional mind; and there was reared upon the ruins of this fallacy the abortive and half made up spawn of Thompsonism, afterwards rehashed into Eclecticism.

The blind and thoughtless practice of administering medicines in enormous and nauseating doses, in powders, lotions and boluses raised the gorges of the nauseated public until the wily Hahnemann took in the situation and precipitated his theory of high dilutions and infinitesimals upon a disgusted public. It was

pleasant to the palate, and as in all irregular practice much was claimed for the treatment, it spread rapidly and has taken a deep hold upon popular credulity, because the regular profession in its blindness and fallacy following of a custom, had failed to appreciate the fact that the human palate can not be ignored in the administration of medicines or aliment.

To correct the effect of these fallacies, a scarce less one exists to-day with many physicians. The administration of medicines in quantities wholly insufficient to accomplish any effect whatever; to give one drop of the wine of ipecac, or a half drop of the tinct. of aconite, or the one-fortieth of a grain of calomel, with the hope of accomplishing any result in an adult human being is a compromise with these humbugs, and possesses but little more merit and decidedly less originality than the practice of the homœopaths.

Another popular fallacy in the employment of calomel, will bear mention in this connection, the combining with each dose of a minute quantity of the bi-carb. of soda, from a half to two grains usually. I have never been able to learn the exact object sought to be accomplished by the combination, further than it is presumed to neutralize acid in the stomach. If for this purpose the quantity is nearly always too ridiculously small to accomplish the purpose, because if free acid exists in the organ as is usually the case, this small amount would not suffice to neutralize it. This is a companion piece to the practice which prevailed forty years ago, of prohibiting the use of cold water to a fever scorched patient while taking calomel, and to the no less barbarous one which still exists to some extent, of denying under similar circumstances the much craved vegetable acids for fear of salivation.

In connection with this valuable and universally employed agent calomel, I will mention another very wide spread fallacy emphasized by Dr. Hughes Bennett in his celebrated report as Chairman of the Edinburgh Committee, in which he claims after experimenting largely on dogs, that calomel administered to the human subject is in no sense a cholagogue, but on the contrary a liver sedative. That fallacy has prevailed and largely shaped

therapeutic theories from that day to this, and is entertained yet by some very good men, even in the face of the oft repeated declarations by the best investigators and the most learned men in therapy. That calomel is a purgative alone, in consequence of the production of intestinal peristalsis by the bile which the calomel stimulates hepatic cells to secrete. It would seem that the visual and sensorial perceptions of all who have taken this drug, whether of the profession or laity would have been impressed through eye or anus, of the utter lack of truthfulness of the doctrine, but still the fallacy lives.

Perhaps the most common fallacies which exist with the general practitioner of medicine are in the shape of hobbies and hobby riding. We see hobbies in diagnosis and in the comparative value and importance of means employed; in pathology and the comparative frequency of organs implicated in disease; in therapy and in the value of certain drugs to the exclusion of others.

I would emphasize the fact that fancy and fashion, often more than reason, rule the masses, in the theories and practice of medicine to a great extent, just as in dress, equipage and style, rule the same individuals in their relation to society; and this hobby worship often controls the individual and molds all of his conclusions and practices to fit some preconceived theory or condition. When brought in relation with the laws of nature and disease which are as immutable as nature itself, this method of arriving at conclusions must necessarily result in most glaring fallacies.

Nearly every man who has practiced medicine for any considerable length of time, can look back over his career and recollect many hobbies which he had cherished, perhaps for years, as almost divine truth, and which at last proved utterly worthless, and turned to ashes like fallacious, dead sea apples, and were finally abandoned as useless, perhaps harmful. Such a one can scarcely visit a cemetery where he has pursued his calling, without conjuring up in his imagination the grim spectre of one or more poor victims, sent before their time to the dread hereafter, who owed their untimely taking off to some fallacious hobby just then controlling the mind and practice of the medical attendant.



Hobbies and hobby riding are not peculiar however, to our profession. They are found in all the avenues and departments of life, and the tendency to indulgence in this fallacy, seems to constitute no inconsiderable element in the general make up of human nature. A little of it is not objectionable, it gives a kind of individuality to the man, but when a fellow's hobby takes up the whole path (as some one else has said), it is time for him to dismount, for if tested by the simple rule laid down in the beginning, and the entire profession should indulge in hobby riding, it would become a roaring, farcical fallacy.

Nearly every one lays particular stress upon some diagnostic process or means of interrogation. One will dwell particularly upon the color of the skin, condition of the eyes, bowels and kidneys. Another finds great significance in the appetite or thirst, and none fail to feel the pulse and look at the tongue, because a long training by the profession has taught the laity to expect this, and the man who fails to go through with the performance in orthodox style, is at once voted outside of the pale of experts and discharged. I know some gentlemen who are so accustomed to inspect the tongue, that all the children in families, where they practice, loll out their tongues as soon as the doctor appears. In point of fact, neither the pulse nor tongue is a very important diagnostic factor. They only furnish, not very important corroborative testimony in making up a verdict of diagnosis.

The pulse, when felt to determine the existence of fever, as is usually the case, is of but little significance, and the tongue in disease as well as in health, may be reliable, but most frequently is the most deceptive of all organs, and yet a large number of diagnoses are made wholly on the indications thought to be furnished by the tongue and pulse.

The clinical fever thermometer in its extreme use as employed by many, is as great a fallacy as the tongue. It can but indicate the standard of body temperature, and that is often but a small part of the make up of a diagnosis.

Many, perhaps nearly all physicians have hobbies in pathology; with one the stomach and digestive organs assume gigantic im-

portance in the economy, and he can trace all of the ills of his patients to errors in digestion and assimilation; another will blame the liver for all the ills of his patients, and as soon as he has inspected the skin, peeped into the eye, and had his patient "poke out his tongue" and has taken a wise look at it, and uttered the usual "umph humph," he is ready with a cholagogue for all diseases.

Another, with a slight inclination towards gynecology, has an iron clad rule never to consider the examination of a female with the least obscurity of symptoms complete, until the uterus and associated organs have been interrogated. The thousands of unnecessary examinations of nulliparous women, and even young girls, with the shame and evil results, may usually be laid at the door of men with this motto.

Another finds the grand center of all trouble in the kidneys, and he talks long and learnedly about Bright's disease. Surgical kidney, albumen and tube casts, and the urinary tests and the microscope, are brought into requisition by such a one, before announcing a probable, predetermined diagnosis.

Another locates all of his troublesome diseases in the nervous system, and neurasthenia is his hobby.

Another sees a diphtheria in every case of sore throat, and a typhoid in every simple continued fever. There is often, however, more method than madness in these fallacies. The condition of the blood can alone furnish the key to unlock the mysteries of diagnosis with another, while syphilis is ever before the diagnostic vision of many, and is trotted out to do penance for all manners of conflicting diseases.

Change of life, has been to doctors puzzled over female obscurities, as great a God-send as was that memorable "ox in the ditch" to christianity-professing sabbath-breakers.

There are others who do not care so much for diagnosis and pathology in their practice as they do for therapy. These gentlemen usually have from one to several remedies which they are ready to swear by, and which now and then, possibly their patients die by, and which to them is the *summum bonum* of all that is useful and essential in the treatment of disease. Why should such

gentlemen worry about the nature or name of diseases, when they possess particular remedies of such potency and versatility as to be applicable to all cases and conditions? The old compound of calomel and Dovers, has done service as a stereotyped prescription for many in the past. Quinine does duty as an omni-applicable agent for a larger class probably than any other one medicine, and owing to its general applicability in appropriate dosage to nearly every condition, it is unquestionably well suited to the purpose. If not decidedly useful, it is comparatively harmless. One has but to look through the prescription files of a city prescriptionist to appreciate the great similarity in the prescriptions of most practitioners. The impression made upon the mind of such an investigator, if he was not up to the hobby idea, would be that most physicians confined their practice exclusively to some two or three diseases. It is but justice to ourselves to say that we seldom pursue one hobby idea longer than a few months, before changing to a fresh steed, as the same prescription files will show.

A few select their favorite remedies with such consummate good judgment, and meet with such satisfactory results from their use, that they never have occasion to change; for instance, one distinguished gentleman will find a place for some of the ferruginous preparations in every case; another pins his faith to iodide of potassa; another to arsenic; another (many), to antipyrine; and others find it unnecessary to go beyond the salicylate of sodium in the great bulk of their practice.

Dr. Lister, by his then novel theory of antiseptic surgery, aroused a great upheaval of the sea of medical speculation, which has remained in perpetual commotion ever since. A new impulse in the form of the micro-bacterial theory of disease production, has added its mighty influence to the troubled waters, until the crested waves of speculation have almost engulfed us. The mighty sea of professional opinions has been stirred to its profoundest depths, and no one has felt sure of his footing upon old professional ground.

Those who at first took shelter upon the islands and accumulated debris of former times, have been submerged and borne

off seaward by the tide, and if not wholly flooded or picked up by the fleet of new ideas, cling to the wrecks of former theories. A few yet stand upon the continents of former opinion, and cry to the troubled waters to be quiet; but they still lash and fret, and will not down at their bidding.

The grandest medical problem, not only of the nineteenth century, but of all time is upon us in the investigation of the causative agencies of disease. While now and then we imagine that we see solid ground and a firm footing in the development of some master mind, and that we have attained a fixed and undisputed point upon which to plant our tripod and take our bearing, another wave of counter opinion will come and engulf us and all our hopes and theories. So I may say at present, the whole subject is under investigation. Many great minds are at work, evolving and collating all that seems useful in the great subject of mighty possibilities; while the million of lesser toilers, are trying to attract public attention to their little wavelets in obscure pools. None seem to have any sure and demonstrable ideas upon this subject, and I think we may safely conclude that the subjects of aseptic and antiseptic medication, and bacteriology, at the present writing are yet sub-judice, with a large balance in their favor.

The future medical historian will write up the present era, either as one productive of the grandest revelations in scientific and demonstrable medicine of all time, or else the doings and practices of the era, will furnish a very large chapter replete with the grandest, farcical fallacies, to be found in all the ages.

[TO BE CONCLUDED].

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### CHRONIC INDOLENT ULCERS OF THE LEG.

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BY W. F. DRUMMOND, M. D., MAGNOLIA, MARENGO CO., ALA.

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A few years ago I noticed several calls in the *Medical Brief*, for an approved treatment of chronic sore leg. In the *Dixie Doctor*, of last April, was an article on the above by Dr. Emerson, of Maine, and in the May number of the same was an article on the rapid cure of leg ulcers.

From the above cited calls and articles, I infer an awakened interest in such cases, perhaps, a non-pluséed state in treatment, and as my experience has been in every case, satisfactory, the treatment unique and simple, requiring no bandaging by the surgeon, and no restriction on the patient, I am induced to submit the following report of cases, for the benefit of those who may have similar cases on hand, with the treatment of which they are dissatisfied, and who are desirous to adopt some other treatment that will give less trouble and better results.

*Case No. 1.*—S. M., white, a tall, frail looking, laboring man, a cotton screw-builder by trade, a victim of dyspepsia, about 40 years of age, was convalescing from an attack of malarial remittent fever, in which I had attended him and, during which I had often detected a peculiar disagreeable odor, in consequence of which, I had, several times, requested his wife to look closely after his bedding and linen. As I was about to leave at the close of my last visit, I gave her another trial in regard to the odor, when he replied, "Doctor, I am not a nasty man; see here is what you smell," thrusting a leg out from under the bed cover, he disclosed an old shin sore, of an extensive surface—an ugly looking customer—that he had carried for over fourteen years, for the healing of which every neighboring physician had tried his hand, the result of which had rendered him hopeless of ever being cured, and, as a final application, suggested by his last M. D., he had kept the sore dusted with the sifted powder of some special dry, rotten wood. After hearing his statement, I requested him to report at my office as soon as he was able to do so, and I could give him something that would cure it, which he did in the course of a few weeks, when I prescribed

R Diluted Nitric Acid..... $\bar{3}$ vij.

Sig: Dose 30 drops, gradually increasing one drop to the dose every day, to be taken in a cold infusion of wild cherry bark. I have often given it in simple sweetened water, with the same effect. He was also directed to add a teaspoonful of the acid to a tumblerful of water, and apply to the sore two or three times a day; if it caused decided pain, he was to make further dilution, if it was not felt, he was to add more of the acid to bring it up

to a slight stinging point. After the application of the acid, the sore was to be covered with a strip of soft cloth, on which was spread resin cerate, carbolic or simple cerate; which was retained in its place by any device he might select, provided the limb was not constricted. The result was a perfect closure in a few weeks.

*Case No. 2.*—A. B., a stout negro-man, about 60 years of age, a farm laborer, came to consult me in regard to a shin sore that he had carried for upwards of seventeen years. No treatment had ever helped it, and it bothered him more as he grew older. *R* Dil. Nitric Acid with the same directions given to him as in Case No. 1, with the same result, a perfect cure in a few weeks.

*Case No. 3.*—W. D., white, of a scrofulous diathesis; general health passable. Came under my treatment for the same kind of sore, which he had carried for the past eight years; had had nothing done for it; was constantly on horseback, having often to take long rides, which had begun to aggravate the sore, and cause much pain. *R* Dil. Nitric Acid, with the same directions as in above cases, which resulted in a perfect cure in a few weeks, although he continued to ride as before.

*Case No. 4.*—T. I. F., white, about 25 years of age, farm laborer, stout, general health good. Came under treatment for the same kind of sore, to which he had applied bluestone, with salves, innumerable, none of which had helped it any way. He had carried the sore, about eight years, and it sometimes prevented him from doing his full day's work. *R* Dil. Nitric Acid, to be used the same as in the above cases; result a perfect cure in two months. The healing in this case was retarded by his constant hard labor, frequently digging wells, and his often neglect in taking the remedy for days at a time.

*Case No. 5.*—In connection with the above, I cannot refrain from reporting the following case, which, although different, is yet analogous to the above, and, may present some points of interest to the practical physician. W. C., white, 78 years of age, a farmer; has always been an active and hard laboring man; general health good, with the exception of a skin eruption which he called tetter, which he has carried from early manhood to this

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time. The eruption would at times involve the entire body, particularly bad about the feet and ankles, hands and wrists. It is what is classed as psoriasis. About six years ago he had an eruption of boils, which ran their course, with the exception of one, which occupied the centre of the sternum about two inches from its upper margin; this boil, as he termed it, did not run the course of the others, it was of a darker hue, did not suppurate, was tender and at times painful; in about two months its surface abraded and a scab formed, which peeled off, and was succeeded by another. Each time the sore enlarged its area, and became more and more painful, finally, it assumed the appearance of a wart with well defined seed roots, and would occasionally bleed and yield more or less pus, it was at times very painful, particularly as before a hemorrhage, when the pain would begin in each axilla, and shoot towards the sore; and was only relieved by a flow of blood with some pus, it would then get easy and remain so in a measure until the hemorrhagic time would recur. There were no sequelæ or definite periods governing the hemorrhagic flow. The above was his statement of the case. When he came under my treatment he had had no special treatment for it; believed it to be a cancer, had applied home-made salvers, etc. He gave no history of syphilis or cancer. The sore occupied the above stated position, was nearly circular, about two inches in diameter, edges swollen and everted, looked seedy with every appearance of a wart; it had bled some and had been very painful. Considering the presence and the history of the tetter, I prescribed tablets of the sulphide of arsenic, which he took regularly without any benefit. I then put him on the Dil. Nitric Acid, to be taken and used as above stated, which in the course of two months resulted in a perfect cure. The nitric acid had no discernible effect whatever on the tetter, but the wart vanished under its use.

Other cases could be reported, but the above will be sufficient to illustrate the treatment. The rationale of the treatment I consider to be as follows: These sores are based on a depressed and debilitated state of the system, the whole tendency is towards molecular disintegration. The nitric acid enters

the blood, and is carried direct to the seat of the disease, and then enters the area of these molecular changes, and so impresses the terminal fibers of the nerves of the part, together with the molecular changes themselves as to generate alterative changes in the part, strengthening and vitalizing the natural disposition, that is inherent in all living tissues, to repair any breach of structure that may have happened.

The above may be all guess work, the elucidation may be illusory, its action may be beyond explanation, but, of this I am confident, that the above treatment will give a quicker and better result, and with less trouble to the surgeon, than any that is usually followed.

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### PULMONARY ACTINOMYCOSIS.

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BY E. S. MCKEE, M. D., CINCINNATI, O.

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Israel<sup>1</sup> in 1878, first described this affection in man, since which time, case after case has been reported. One of the most interesting of these is by Lindt,<sup>2</sup> where the patient died and a very careful post-mortem was made. Laker<sup>3</sup> presented a case of primary actinomycosis of the lungs, at a meeting of the Society of Physicians of Syria. Patient, was admitted for a suppurative process in the upper sternal region. Numerous granules of actinomycotic fungus were found in the pus, and the affection was recognized as actinomycosis of the lungs. He complained only of intermittent pains of varying in intensity on the right side of the chest. The expectoration did not exceed thirty grammes in twenty-four hours. He was greatly emaciated. The abdominal walls were pale and yellowish in color; the chest shortened and higher on the right side than the left. This differed from other recorded cases, in which the affected side was markedly retracted. In the right intra-clavicular region, there was a dull tympanitic percussion note. At the inner side of the nipple, there was also an area the size of the palm of the hand over which was a dullness, bronchial breathing and increased vocal resonance. The perforation was about five centimeters below the nipple and dis-



charged a large quantity of pus with numerous actinomyces. Above this spot was a *bruit de pot fêlé*. From the clavicle downward was emphysema of the skin. The apex of the heart was in the fifth intercostal space, the sounds were normal. In the second intercostal space was a slight systolic and diastolic murmur; it was not impossible that the formation of an aneurism was in progress. The patient was very anemic, the hæmoglobin in the blood being reduced to twenty-five per cent. There was no albumen in the urine. The doctor demonstrated the presence of the granules in the sputum, and displayed the readiness with which a diagnosis between this disease and the chronic pneumonia process could be made, even without the aid of the microscope.

Sokaloff<sup>4</sup> described a remarkably rare case of actinomycosis of the lungs, in a soldier aged 25, who was admitted in the sixth week of a severe typhoid fever; croupous pneumonia of the left lung with numerous pneumococci soon developed; actinomyces in large numbers were discovered. One week later a localized percussion was recognized in the lower lobe of the right lung, the patient died in a few days from prostration and cardiac failure. The necropsy revealed, besides typhoid lesions in the intestines and pneumonic infiltrations on the left side, an actinomycotic focus as large as an orange, situated in the posterior portion of the lower lobe of the right lung. The case presented an unique instance of simultaneous mixed infection, by the pathogenic microbes of actinomycosis, croupous pneumonia, and typhoid fever. The diagnosis of pulmonary actinomycosis was made during the patient's life, solely by means of the examination of the expectoration. This was the fourth instance of an *intra vitam* diagnosis of the disease. The sputum as well as the lung tissue contained only threads of the actinocladothrix, but no club shaped bodies. It had the characteristic appearance of red currant jelly and was very viscid. The cladothrix proved to stain well after Erlich's method, which up to date, had been regarded as the specific one for dying the tubercle bacillus and those of lepra only.

Rutimeyer<sup>5</sup> reports the case of a 25 year old factory hand, who at first complained of ill defined lung trouble on the left side,

and was referred to the surgical clinic for an operation on a fluctuating swelling in the left thoracic wall. The incision permitted the escape of a large number of actinomyces so that the diagnosis was immediately fixed; also a great number of hardened fungi were found in the sputum. The general health went down rapidly, despite repeated surgical interference, although the lung trouble did not seem to grow worse. The patient died under symptoms of dropsy and heart weakness. Post-mortem revealed a keg formed section of the lung affected, which extended from the hilus of the left lung toward the middle of the anterior and lateral lung surface. There was an extensive swelling of the pericardium and the pleura, as well as destruction of the soft parts of a portion of the thoracic wall; no farther metastasis. He showed macro and microscopic preparations and recommended creosote as a remedy.

1. Israel, *Virchow's Arch. Bd.*, 74, 1878 and Bd. 79, 1879.
2. Lindt, *Med. Correspondence blatt fur Schweizer Aertze*, May 30th, 1889.
3. Laker, *Wien. Med. Presse*, June 30, July 7 and 14, 1889; *Occidental Med. Times*, June, 1889, (Vienna letter).
4. Sokoloff, *Centralblatt fur Bakteriologie und Parasitenkunde*, March 29, 1889; *Elissen, Klin. Gazeta*, (Russian), No. 25, 1888, p. 497; *Vauno-Sanitarnoë Dō*, 1889, Nos. 1, 1, p. 9; *St. Louis Med. and Surg. Journal*, April, 1889.
5. Rutimeyer, *Berlin Klin. Wochenschrift*, June 21 and 28, 1789; *Corr. Blat. Schweizer, Aertze*, April 15, 1889.

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### Selections.

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MODERN SURGERY.—Would that I possessed the power of a Homer, Virgil, or Milton, that I might immortalize these men who have made surgery what it is in 1890; but, alas! I have neither the power or space in which to do justice to the many grand heroes of the present age, and must therefore content myself by merely mentioning the names of a few who have been the pioneers in the grandest work the world has ever known.

The names of Dupuytren, Roux, Lisfranc, Velpeau, and Nèlaton, of France; Abernethy, Cooper, Brodie, Fergusson, and Lawrence, of England; Colles and Hamilton, of Ireland; Bell, Syme, Liston and Simpson, of Scotland; Graefe and Rust, of Germany; Scarpa and Porta, of Italy; Physick, Mütter, Pancoast, S. D. and S. M. Gross, of Philadelphia; Wright, Post, Kissam, Rodgers, Watson, Stevens, Mott, Van Buren, Parker, Sands, Wood, Little, Carnochan, A. C. Post and Sims, of New York; Nathan Smith, of New Haven; the Warrens and Hayward, of Boston; N. R. Smith, of Baltimore; Warren Stone, of New Orleans; Dudley, of Lexington; Brainard, of Chicago; Eve, of Nashville; Hodgen, of St. Louis; and James Cabell, of Virginia, are now numbered with the noble dead, while there yet remain with us some of the grandest, noblest pioneers, and most distinguished surgeons the world has ever known. I can not, therefore, do justice to the surgical progress of this century without mentioning these names. Among this long list of distinguished names, I cannot refrain from mentioning some of our European *confrères*, although I shall enter more fully on the work done by Americans, since we all naturally feel an especial interest in our countrymen. Germany has produced during this century some of the most distinguished surgeons the world has ever known, and among those names already immortal are Virchow, who has given us the best work on *Cellular Pathology*; Billroth, the best on *Surgical Pathology*; and Esmarch, the best *Hand-book on Military Surgery*. However, the fame of Billroth and Esmarch does not by any means entirely rest on these valuable publications, since the boldness and originality of their surgical procedures have likewise electrified the world.

The commencement of this century found America without any really distinguished surgeon, without a surgical literature of her own, and without colleges in which to educate her own students. She was at this period almost entirely dependent on Great Britain for the education of her sons in medicine, and our medical literature was likewise principally obtained from the same source. It is likewise true that in no part of the civilized world had surgery reached a higher degree of perfection, but America

just emerged from a long revolutionary struggle and started forth among the independent nations—she was now compelled to provide for her own wants. This fact undoubtedly prompted her to put forth her best efforts. The trying ordeals through which the colonies had passed in their long and murderous wars with the Indians, followed by the revolutionary struggle of seven years war with England, had produced a bold and hardy race of pioneers, who were prepared to attempt anything which offered even the slightest chance of success. The women possessed fortitude and courage, and were prepared to suffer pain, if it had only an adequate reward. It is not therefore surprising that in the autumn of 1809 Mrs. Crawford, who was suffering from an ovarian tumor, approached the unpretentious house of Dr. Ephraim McDowell, at Danville, Ky., and there submitted to an ovariectomy—the first operation of this kind *ever performed*, but an operative procedure which has already been repeated many thousand times with the most happy results. Mrs. Crawford recovered and lived many years in the full enjoyment of health and with entire freedom from pain. The operation was subsequently repeated several times by Dr. McDowell, who, we are informed, saved the lives of eleven patients out of thirteen. Thus began an operation which has added thousands of years to the lives of civilized women, and saved them from untold misery. McDowell, however, did not escape the sad fate which awaits every bold innovator in science. His fate in this respect was no better than that of the immortal Jenner, who was assailed by his own professional brethren, the ministers of the gospel, and the public press. Poor McDowell carefully prepared a report of this operation for publication in a medical journal which was edited by a professional friend and professional brother, carried it to him with his own hands, and requested this *now unknown* distinguished functionary to publish the same. The manuscript was in due time returned to the immortal McDowell, to whom it was suggested in a very friendly way that he ought never again to attempt the performance of this barbarous operation, the which had not even been recommended by the most distinguished surgeons of the world. It was likewise added by this friend and

distinguished editor that the "publication of your report of this case would endanger the safety of my journal and be ridiculed by the entire profession." This rebuff probably deterred him for a time from making any further attempts at publication, since the earliest publication made by him on this subject was in 1817. The performance of this operation was at first ridiculed in England, but soon afterwards he was given full credit for the same. Thus time rights these grievous wrongs and genius receives its just reward.—*Extract from address of B. A. Watson, M. D., President Med. Society of New Jersey. Published in full in N. Y. Med. Journal, August 2, 1890.*

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**THE RELATION OF MASTICATION TO PHYSICAL DEVELOPMENT.**—Everything which influences the health of the people is of interest to physicians, and no question more important than dietetics could engage the attention of such a representative body as the American Medical Association. No one could understand the powerful influence which improper food is capable of exerting upon physical structure and development so well as they, and this subject deserves the special study of American physicians who are desirous of seeing a healthy and vigorous race grow up in this Western Hemisphere. De Toqueville said that the white race on this continent is doomed to extinction. If this ever comes true, it will be because of the long continued neglect of some of the simplest rules of physiology.

That there are at the present time a large number of adults with imperfect teeth is a well-known fact. Poor teeth means poor mastication, poor digestion, poor health and poor physical development. The early loss of teeth by the people of this country is explained by the unscientific habits of feeding generally practiced among young children. When the infant is brought up on pap and pre-digested foods the function of mastication is not required. As a result of want of use, the jaws imperfectly develop; the arch is narrow and the teeth are crowded and irregular. Nature does not reduce the number of teeth, but she attempts to force thirty-two teeth into jaws that have only room for twenty-four, and the quality of the teeth is not up to the

standard, so that they readily commence to decay. When the child has grown up, it is too late to prevent the mischief. The decay of teeth is more due to insufficient nourishment than to injury or decay of the enamel.

The rational means of preventing the state of affairs just referred to is to commence early, and give the child food that requires mastication. The result will be increased function of the gums, teeth and salivary glands, and of the masticatory muscles, and the full development of the lower part of the face, with a corresponding improvement in the appearance of the man. In the average family the questions of diet are relegated to the cook, whose duty seems to be to provide food which is so soft as not to require to be chewed, and is accompanied by large quantities of coffee, or tea, or ice water, which takes the place of the salivary secretions. The evil effects of this system of feeding can be seen on every hand. The remedy suggests itself.

Mastication is the most important step; by it the food is reduced to a pulp and is thoroughly incorporated with saliva. The act of chewing also stimulates the flow of the gastric juice, and is necessary to perfect stomach digestion. General health of the body intimately depends upon digestion and assimilation of sufficient food of proper character, but no matter how a man regulates his diet he cannot evercome the evils of his early training in this direction. Just here we are confronted with a danger which strikes at the very life-blood of the nation, and is already sapping its strength.

If the proper care be observed in rearing children and giving them sound wholesome food requiring the use of their masticatory muscles, there is no reason why a superior race of men might not be developed, just as we raise the fastest horses and the finest cattle in the world. The appeal is made to physicians especially, to see that the glorious birthright of the American citizen is not bartered away for a mess of pottage or other soft food.

By pursuing the plans adopted by the ancient Greeks, we might not only equal their achievements, but even surpass them in physical development and personal beauty.—*Dr. E. A. Wood, in Dietetic Gazette.*

A NEW INFALLIBLE SIGN OF PREGNANCY.—Compes, in *Berlin. Klin. Woch.*, '95, No. 38, says that Reisl has recently written calling attention anew to Hegar's very sure sign of pregnancy, namely, the very great pliability of the lower segment of the uterus, which stands out in bold contrast to the density and rigidity of the cervix. From his position in the Friburg Clinic and by means of a very large number of cases of pregnancy in the first month, he can confirm this statement. The author wishes to draw the attention of the profession to these facts, which have hitherto had but little consideration.

The index finger is introduced into the rectum, after which the thumb, being introduced into the vagina, rests upon the os, then moving it backward to reach the sac of the internal sphincter ani. Provided this does not succeed, one half pint of warm water can be injected into the rectum. Then with the free hand he presses inward just over the symphysis towards the rectum, so as to engage between the fingers the lower segment of the uterus in the neighborhood of the cervix; in this way he examines the middle and the sides and then all sections of the body of the uterus. This compressibility is found in all possible stages of pregnancy. Under other circumstances, pathological conditions, and peculiar phases of gestation it is never observed. They came to this conclusion, because the lower segment of the uterus is the thinnest part of the entire body of the uterus, because it is also during pregnancy becomes relaxed and succulent, and because the contents, on account of the greater elasticity likewise of the wall of the upper sections of the uterus, can become displaced by the light weight in it.

This proof is positive; where it is, present pregnancy is in the highest degree probable.—*Central für Gynäkol.*, Dec. 19, 1885.

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COCA IN HOARSENESS OF PROFESSIONAL SINGERS.—The *Journal of the American Medical Association* of May 3, 1890, gives a valuable article, entitled "Hoarseness in Professional Singers, and its Treatment," by Charles E. Sajous, M. D., Lec-

turer on Laryngology and Rhinology, Jefferson Medical College. We extract the following (page 645) :

Of great assistance in the treatment of these cases is the use of coca wine when taken not only a half-hour before the performance, but at the end of each act, so as to obtain the benefit of "toning" action when the next act is about to begin. That the "toning" action is not due to the wine proper, as some believe, is demonstrated by the fact that sherry, the most alcoholic of all wines, does not at all give the singer the smoothness and ease of execution obtained from coca wine, while liquors, such as whisky or brandy, tend to increase hoarseness, if present, or to cause it if it is not. An interesting paper on this subject was recently read before the Société de Médecine Pratique by Dr. Sanders, of Paris, who thought he could ascribe to the use of cocaine, or coca, internally or by atomization, cases of aphonia occurring in his practice. That cocaine, used locally in any form, may produce aphonia, there is no doubt; but that coca administered internally should, is disproved not only by clinical experience, but by our knowledge of the physiological properties of the drug. As demonstrated by Laffont, the action of coca upon the nervous system is one of stimulation, which exerts itself principally upon the constrictor fibres of the sympathetic. The "toning" action of the drug on the larynx is thus clearly explained by the intimate functional relation between the vagus and the formation of the voice, which depends, in reality, upon the action of the constrictor muscles. That paralysis may be due to overstimulation by coca is negatived by the vigorous condition of the natives of Peru, Bolivia, and Columbia, who are, on the contrary, noted for their staying powers, which they ascribe to their constant use of coca-leaves. The fact, however, that many of the coca wines on the market are but solutions of cocaine in either sherry or port wine renders it quite possible that anæsthesia of the posterior portion of the larynx might be caused by contact with the drug during the act of deglutition, and thereby interfere with functions of the vocal organ. I noticed this effect—a stiffness in the throat—while trying a number of brands to ascertain which would best serve my purpose. The preparation which I prescribe (Vin Mariani), made from the leaves, does not produce this effect, owing to the infinitesimal quantity of cocaine that it contains—



1-60 grains to the ounce—all anæsthetic action being furthermore antagonized by the tannic acid present not only in the leaves themselves, but in the exceptionally pure claret forming the excipient. A great advantage of “Vin Maraini” is that it exerts its tonic action without giving rise to constipation. It can for that reason be administered continuously, with much benefit at times, in cases in which muscular weakness causes tremulousness of the voice.—*Medical Bulletin.*

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THE LOCAL TREATMENT OF DIPHTHERIA AND SCARLET-FEVER THROAT.—I have lately had much experience with the treatment of these affections, and have found that hydrogen peroxide, fifteen volumes strength, alone or combined with bichloride of mercury, gr. j to ℥ j, gives no better satisfaction than any other kind of remedy. Hydrogen peroxide is a thorough antiseptic, besides acting mechanically in getting rid of the membrane; it does the latter in the later or more dangerous stage, for it is at this time that septic infection is more liable to occur. When the membrane begins to slough, the peroxide will, when applied with a mop or in spray or as a gargle, get behind it, and by its action on the pus, free oxygen and carbonic acid gas, thus displacing it; the membrane appears under its action to lose all its toughness and crumble. If used in the nose—and it is here where we get wonderful effects—the peroxide had better be made of about ten volumes strength, and if the bichloride is combined with it, make it only gr.  $\frac{1}{2}$  to ℥ j. or in very young children still weaker. Before closing, I must add that but a small quantity of the medicine should be bought at a time, as it degenerates rapidly unless kept on ice in a dark place, and not agitated. The hydrogen peroxide losing strength so rapidly makes it very difficult to get it pure, so any one who should be disappointed in its action should not give up the use of it until he has surely tried the pure article. It will not, of course, cure all cases. Another point in its favor is, that when used in the throat it causes no pain. The action of the hydrogen peroxide, its thorough antiseptics, and the beautiful, mechanical action in forcing pus from cavities, is well known. It should never be used in a cavity unless there is free

vent, and especially when this cavity is about the neck; as such a volume of gas is liberated. Such an accident as I came very near having is quite possible. An abscess of the parotid gland following scarlet fever had been opened by a small incision. I thought I would wash it out with a little hydrogen peroxide, which I proceeded to do. As a result, I had a tremendously distended sac, the child blue in the face, and nearly suffocated. A large, free incision set matters right in a moment. As an application, and, when the patient is old enough, as a gargle, pure or half and half with listerine, it is the best application in scarlet fever and follicular amygdalitis I know of.—*Prof. W. Cheatham, M. D., of Louisville, Ky. in N. Y. Medical Journal.*

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THE TREATMENT OF CYSTITIS IN WOMEN.—Dr. T. M. Madden presented the following note at the recent International Medical Congress:

Of all the diseases which come before us in gynecological practice there is none more frequently met with, more distressing in its effects, or more intractable to the means generally relied on for its relief than cystitis in women. I therefore desire to bring under the notice of the International Medical Congress a method of treatment which I have found, by clinical experience, to be generally successful in the rapid curative treatment of this condition. The measures most commonly employed in such cases are merely palliative, and may relieve, but *per se* can never cure, well-established cystitis in women. Nor am I aware of any method by which that can be accomplished save by giving the bladder absolute physiological rest. For this purpose Dr. Emmet's operation—*i. e.*, the establishment of an artificial vesicovaginal fistula—may be successfully employed in some instances, but the practical objections to it are so great and obvious that for several years past I have abandoned this procedure in favor of another which I have found more generally effectual and quite free from the disadvantages of the operation referred to. The plan which I have now employed in a very large number of cases of cystitis in the gynecological wards of the Mater Misericordiae Hospital, Dublin, consists firstly in the full dilatation of

the urethral canal, with the instrument exhibited so as to paralyze the contractility of the sphincter vesicæ, and thus produce a temporary incontinence of urine; and, secondly, in the direct application through the same instrument of glycerin of carbolie acid to the diseased endovesical mucous membrane. I may add that any pain thus caused may be prevented by the previous topical application of a solution of cocaine, and that the procedure recommended seldom requires to be repeated more than once or twice at intervals of a week or ten days; and combined with the internal use of boric acid, rarely fails to effect a rapid cure in any ordinary case of cystitis.—*N. Y. Medical Journal*.

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**FRACTURED THIGH; EASY METHOD OF TREATMENT WITHOUT LONG SPLINT OR PULLEY.**—In a paper read before the Tennessee State Medical Society Dr. J. W. Davis, of Smyrna, gave a detailed account of the method of treatment as practiced by him, and some three of his neighboring physicians. Place the patient on a bed, with a folded quilt under him; let the fractured thigh be semiflexed on the body, and the leg on the thigh; prepare an eight-tailed bandage and three pasteboard splints the length of the well thigh, softened a little with water; put the bandage under the thigh, with the tails or strips well and smoothly laid out; take hold of the knee, with an assistant to hold the hips, and make gentle traction, with the thigh and leg both half flexed, until the bone is well adjusted; then bring the thigh down in the bandage, with the outer side resting on the bed. Now, with the splints placed on the thigh next to the skin, the bandage is put on, by placing alternate layers or strips well over each other; fasten the bandage well, and put a soft small pillow under the knee. The patient can now rest easily on his side, with the well leg thrown over in front of the fractured one, or he can turn on his back, always keeping the fractured thigh on its outside, half flexed on the body, and the leg on the thigh; this will keep the shaft of the fractured bone in a line with its natural position. The dressing must be tightened up once a week. Always, when doing this, the knee must be firmly grasped, and gentle traction made, to bring the thigh bone out to its full

length. The muscles soon cease to contract, and, with care, you will rarely ever have a shortening of the bone. The blood-vessels lie so deep under the muscles that there is no danger of strangulation or congestion. The calls of nature can be attended to without trouble with the patient on his side, thighs flexed, etc. — *Virginia Med. Monthly*, May, 1890.

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**VEGETABLE ALTERATIVES.**—Mercury and iodide of potash, separately or combined, has been the sum total of treatment, it may be said, in serious blood disorders as far back as our knowledge extends, and the patient was fortunate indeed, if, in being cured of his original disease, he escaped the constitutional effects of mercurials and iodides. That a purely vegetable medicine should be discovered, which in all useful qualities supplants mercury and iodides in these cases, and at the same time is so devoid of injurious effects that it may be taken in any quantity and for any length of time without harm, is certainly of great importance.

The experience of the past six years establishes beyond a doubt that *Succus Alterans* (McDade) is such a discovery, and, although Dr. J. Marion Sims had good grounds upon which to base his statement made in the *British Medical Journal*, in 1882 still he "built better than he knew," and it is doubtful if the great surgeon, in teaching the professional world his wonderful operations, ever performed a greater service than in bringing this remedy to the knowledge of his professional brethren. The good effects of *Succus Alterans* (McDade) in all diseases of the blood, whether due to some deleterious influence introduced from without, or generated within, are unmistakable, while it seems no less useful in impoverished conditions of the blood and diseases arising therefrom.

The highest authorities unite in support of these views, and confirmatory reports are daily passing into medical history.—*Mass. Med. Journal*.

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**LABYRINTHINE DEAFNESS.**—M. G. P. Field, M. R. C. S., Aural Surgeon to St. Mary's Hospital, communicates to the

*British Medical Journal* a paper on the treatment of this form of deafness with hypodermic injections of pilocarpine. The results (told in most case in the patient's own words) are of a remarkable character. Persons who have been deaf for long periods, twenty years and even more, and had to rely upon ear trumpets for anything they did hear, gradually, under the influence of the pilocarpine, recovered their hearing, and that in so marked a manner as to cause comment by those who were unaware of their being treated. Mr. Field hesitates to explain how the pilocarpine acts, but there seems to be little doubt of the correctness of his suggestion that it stimulates secretion by the membrane, and maintains this so well as to help the absorption of any solid waxy matter which may be lodging in the ear cavity.—*Scientific American*.

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**PINUS CANADENSIS.**—R. J. Mitchell, M. D., Thomasville, Ga., says: I have given S. H. Kennedy's Extract of Pinus Canadensis an extended trial. I am satisfied that it is a greater medicine than it is represented to be. In gonorrhea, leucorrhea and gleet, it acts like magic.

R S. H. Kennedy's Extract Pinus Canadensis  
 (White) .....2 ounces.  
 Glycerine..... ½ ounces.  
 Aquæ.....6 ounces.

M Sig.—Inject three times a day after urinating.

I also used the Dark in chronic dysentery with pretty good results. The case of leucorrhea was of eight months' standing. I hope and predict that in the near future every physician will carry a bottle of S. H. Kennedy's Extract of Pinus Canadensis in his saddle-bags.

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**RHUBARB AS A CAUSE OF HÆMATURIA.**—It is well-known that the ingestion of rhubarb, celery, and sundry other edible vegetables conduces to the elimination of oxalates in the urine, but the fact has not had any importance other than a physiological curiosity. It is, however, possible that the passage along the genito-urinary canal of these prickly crystals may in certain

persons, determine serious irritation, even running on to hæmaturia. Such, at least, is the conclusion of a correspondent who remarked on three occasions that more or less violent attacks of hæmaturia followed a meal comprising stewed rhubarb, in his case. The family was a gouty one, and this may account for the abnormal irritability of the kidneys, for hæmaturia is, fortunately, not a usual or even a common sequel to a feast of blood.—*Med. Gazette*.

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HOW TO BOIL AN EGG.—I believe that ninety per cent. of the eggs are spoiled by the cooking. A physician orders a soft-boiled egg for his patient; the cook places in the boiling water the egg, and allows it to *boil* for three minutes, takes it out, and thinks she has a soft-boiled egg; but she hasn't. She has an egg cooked hard on the outside and still raw in the middle. Now, if she had first boiled the water, then removed the kettle and stood it on a piece of old woolen cloth, so that the heat would not escape too rapidly, then placed the egg in the water, and allowed it to remain about six minutes, she would have an egg evenly and softly cooked throughout, and a very elegant one at that.—*Medical World*.

FOR PRURITUS ANYWHERE, Campho-Phenique applied locally is good, but, Dr. Joseph M. Mathews, of Louisville, says: For that soul-harrowing itching of the anus which sometimes accompanies piles, campho-phenique is efficient, magical.—*Med. Mirror*.

“OH, mommer, mommer!” yelled a little darkey, as he saw the militia on the way to camp to-day; “what’s them sojers?” “Sojers, chile?” exclaimed the mother; “what you talkin’ ’bout? Dem ain’t sojers; dem’s de District malaria.”—*Washington Star*.

SANDER & SONS’ Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Greifswald.

## *Reviews and Book Notices*

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ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES, a yearly report of the progress of general sanitary sciences throughout the world. Edited by Charles F. Sajous, M. D. 5 vols. F. A. Davis, Publisher, Philadelphia, Pa., 1890.

The difficulty in speaking of this work is to rightly choose and meetly temper the words of praise. The work is of such immense magnitude, and so accurately and perfectly complete in contents and detail, that the editing appears as the work of genius. Dr. Sajous, assisted by seventy associate editors, the authors of the essays making up the departments into which the volumes are systematically divided, and two-hundred corresponding editors, collaborators, and correspondents, from every part of the world, has compiled an exact record of the progress during the past year in every branch of medicine, surgery and therapy. A convenient system of reference is applied throughout the work, showing the origin from which the facts so carefully and practically compiled and condensed are drawn. The reference list includes 850 journals and 250 books, monographs, theses, transactions, etc., a stupendous lot of publications to examine and select from, the actual new facts, the progress recorded; the mention of this list alone best indicates the magnitude of the matter presented.

FAMILIAR FORMS OF NERVOUS DISEASE by M. ALLEN STARR, M. D., Ph. D., Professor of Diseases of the Mind and Nervous System, College of Physicians and Surgeons, New York, With Illustrations, grams and Charts, 8 vo., cloth, pp. 339. Wm. Wood & Co., Publishers, 56 and 58 LaFayette Place, New York, 1890.

Advances in knowledge in the department of neurology have been of late more rapid than in any other branch medicine. The result has been to render diagnosis in many affections,

previously obscure, both more precise and less difficult; and to open to successful surgical treatment many diseases formerly considered fatal. It is the object of this volume to make available to the general practitioner some of the results of later investigations which have a direct and practical bearing upon the commoner forms of nervous disease. The facts which have been chiefly emphasized are those which enable one to make an accurate diagnosis of the nature and of the location of lesions in the central nervous system; for it is evident that such a diagnosis is the essential preliminary both to medical and to surgical treatment.

This work is not a treatise upon nervous diseases. It is a series of clinical studies of the more familiar types.

The cases here recorded have been carefully chosen from a large number because they present typical features and indicate the possibilities of surgical as well as medical treatment. The data have been selected exclusively from American Sources, and we have here a work that cannot be other than a source of pride to every American physician and surgeon.

**RAILWAY SURGERY.** A Practical Work on the Special Department of Railway Surgery: for Railway Surgeons, and Practitioners in the General Practice of Surgery. By C. B. STEMEN, A. M., M. D., LL. D., Professor of Surgery in the Fort Wayne Medical College; Surgeon to the St. Joseph Hospital; Chief Surgeon P., Ft. W., & C. R. R.; Local Surgeon of Wabash R. R., etc. 8 vo., cloth, pp. 315., with numerous illustrations. J. H. Chambers & Co., 914 Locust St., St. Louis, Mo., Publishers, 1890. Price \$3.00.

A most excellent volume—yes, a book devoted to great interest. While we have each year productions and reproductions from the great surgeons of the world, it was left to Dr. Stemen to strike out on a new line and give us a volume devoted to the accidents and injuries to which all are liable in this travelling country. Railroad injuries are peculiar; the intense amount of shock, the crushing of bones, the laceration of soft parts, the exhilarations of a pleasant trip brought suddenly to a painful conclusion—unexpected and abrupt, the faces of strangers in whose



hands we may fall, in lieu of wife, mother, father, brother or sister; there was certainly here an open field, which has been well cultivated by the father of the National Association of Railway Surgeons.

There is not a man engaged in the practice of medicine and surgery, living in sound of the clang, clang, of the engineer's bell, or his most ear-piercing whistle's shriek, that could make a better investment of his hard earned and more hardily collected dollars than by purchasing this book. It is a good book—a valuable work, a most interesting volume.

ESSENTIALS OF ANATOMY AND MANUAL OF PRACTICAL DISSECTIONS, together with the Anatomy of the Viscera, prepared especially for Students of Medicine, by CHAS. B. NANCREDE M. D., Professor of Surgery and Clinical Surgery in the University of Michigan, Ann Arbor; Corresponding Member of Royal Academy of Rome; late Surgeon to Jefferson Medical College Hospital; etc. 3rd Edition, Revised and enlarged. Based upon the Author's Dissections and verified by reference to Gray's Anatomy. 30 magnificent colored lithographic plates, in colors; and 180 wood cut illustrations. 8 vo. cloth, pp. 338. Price \$2.00, W. B. Saunders, 913 Walnut St., Philadelphia, Publishers. 1890.

No pains or expense have been spared to make this work the most exhaustive and complete, yet concise Students Manual of Anatomy and Dissection ever published, either in this country or Europe.

The illustrations are marvels of beauty and clearness of elucidation. The beautiful colored plates cannot but materially aid the student in dissecting the muscles, arteries, veins and nerves, and the general practitioner will find them a most ready aid in reference. For this edition the wood cuts have all been drawn and engraved, to which is added an appendix containing sixty illustrations representing the entire Human Skeleton, the whole based on the 11th edition of Gray's Anatomy.

It is indeed a handsome and valuable addition to the medical literature of 1890.

While this book is not intended to replace the larger anatomical works, sufficient descriptive matter has been introduced to

enable the student to refresh his memory of the more numerous facts learnt in the lecture and dissecting room, or from his "Gray" or other text-book, differing in this respect from most of the works of its class, which are little more than a list of names, without any distinctive facts connected with them to aid the student in the difficult task of acquiring a knowledge of a branch of medical study almost solely dependent upon the unassisted powers of the memory.

It is truly a "*Vade Mecum*"—a "*multum in parvo*."

**ESSENTIALS OF THE REFRACTION AND DISEASES OF THE EYE.** Illustrated. By Edward Jackson, A. M., M. D., Professor of Diseases of the Eye in the Philadelphia Polyclinic and College for Graduates in Medicine; Member of the American Ophthalmological Society; Fellow of the College of Physicians of Philadelphia; Fellow of the American Academy of Medicine, etc., etc. And **Essentials of Diseases of the Nose and Throat.** Illustrated. By E. Baldwin Gleason, M. D., Assistant in the Nose and Throat Dispensary of the Hospital of the University of Pennsylvania; Assistant in the Nose and Throat Department of the Union Dispensary; Member of the German Medical Society, Philadelphia, Polyclinic Medical Society, etc., etc.

No. 14 of Saunder's Question Compend is a most excellent follower of its valuable predecessors, notices of which, and all favorable, have appeared in preceding issues of this Journal. This series of Student's Manuals are concise, yet, with their brevity, it is astonishing that they contain so much valuable information.

**TRANSACTIONS OF THE AMERICAN PEDIATRIC SOCIETY. FIRST SESSION;** together with the proceedings of the meeting for organization. Edited by WM. PERRY WATSON, A. M., M. D., Recorder, Vol. 1, 8 vo., cloth, pp. 315. Printed by J. B. Lippincott Co., 1890.

Medical organizations in America are certainly reaching their zenith, when a young society, for the benefit of the youngest of our populace can get out so handsome and creditable a volume of their initial work. Yet when one can see in its list of officers, the names of

Latimer, of Maryland, Keating of Pennsylvania, Love of Missouri, and such like in its Board of Council, Busey of District of Columbia, and others, and as its Editor and Recorder the name of Wm. Perry Watson, of New Jersey, nothing but excellence should be expected, and confidently.

Regreting want of space for a full report of this valuable volume of the transactions of a live organization, we can but mention that after the address of its President A. Jacobi, M. D., were papers from such men as F. Huber, J. O., Dwyer, Dillon Brown, C. Warrington Earle, A. Caille, A. V. Meigs, J. Lewis Smith, J. Henry Fruitnight, H. Koplik, W. P. Northrup, M. P. Hatfield, H. N. Vineberg, L. Emmet Holt, A. D. Blackader, T. L. Latimer, W. D. Booker, A. Seibert, Jno A. Jeffries and others, together with the discussions elicited by the very able papers of these gentlemen, who with their associates are recognized as authorities in pediatric science.

**DISEASES OF THE RECTUM AND ANUS**, their pathology, diagnosis and treatment, by Chas. B. Kelsey, A. B., M. D., Professor of Diseases of the Rectum at the N. Y. Post-graduate Medical School and Hospital; late professor of Diseases of the Rectum, University of Vermont. Third edition, re-written and enlarged, with two chromo-lithographs and 168 illustrations. 8 vo. cloth, pp. 483. WM. WOOD & Co., Publishers, 56 and 58, LaFayette Place, New York, 1890.

Dr. Kelsey has justly won and earned a grand reputation in "fundamental medicine and surgery." He is a recognized authority in all the morbid conditions to which our outlet is subject. The handsomely printed and beautifully bound volume before me, needs no commendation at my hands, nor do I think I could give my readers a better idea of this excellent work than by quoting in full this most excellent author's very modest preface.

"The great advances which have been made during the past few years in the surgery of the rectum and intestinal surgery generally, have necessitated many changes in this, the third edition of this book. The chapters on the treatment of stricture both be-

nign and malignant, on the formation and closure of artificial anus, have therefore been entirely re-written, and much new matter has been added.

The attempt has also been made by the addition of numerous illustrations, and by clear and definite descriptions, to supply the general practitioner with a safe guide for the performance of all the operations called for in the diseases of the rectum."

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS Consisting of Original Treatises and Reproductions, in English, of Books and Monographs selected from the latest literature of foreign countries, with all illustrations, etc. Published monthly, at \$10.00 per annum, or single copies \$1.00 by Wm. Wood & Co., 56 and 58 Lafayette Place, New York, 1890.

Volume 6, No. 3, for the month of June contains the following valuable articles: Bronchial Asthma; its causes, pathology and treatment, by Jno. C. Thorowgood, M. D., F. R. C. P.]

Surgical treatment of Diseases of the Brain by Ernst Von Bergmann, of Berlin.

It also contains a full index for the volume.

In the July number, it being number 1 of Volume Seven, we have Stricture of the Rectum, by Chas. B. Kelsey M. D. Influence of Heredity on Alcoholism, by Dr. Paul Sollier of Paris, Rabies by Louis Pasteur of Paris. Colotomy by Thos. Bryant, F. R. C. S., Massage of the Abdomen, by Dr. Reuben Hirschberg.

Truly a valuable amount of literature for so small an amount of money.

NEURALGIA, by E. P. Hurd, No. 7, (Physician's Leisure Library Series), 12 mo. paper. Geo. S. Davis, publisher, Detroit, Mich., 1890. Price, 25 cents, p.p. 153.

The progressive publisher of the "Leisure Library Series," has enabled Dr. Hurd to present some very excellent and practical ideas in regard to one of the "opprobria" of the healing art. Neuralgia has many times proven a "bete noir" to the worn and wearied doctor. Well, here he can invest the fourth part of a dollar to his benefit.

RHEUMATISM AND GOUT, by F. Leroy Satterlee, M. D., (Physician's Leisure Library Series.) Geo. S. Davis, Detroit, Mich., Publisher, 12 mo., paper. Price, 25 cents, p. p. 84.

A very neat little brochure, as are all of "The Leisure Library Series." If you want a clean cut statement from a reliable authority on Rheumatism and Gout, you cannot do better than by investing a "shekel" here.

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## Editorial.

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### STATE REGULATION OF MEDICINE.

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Although this subject has been settled, temporarily at least in this state, yet having taken an active part in its opposition, following out the clear and logical reasoning of my old teacher—the talented "Sage of Swallow Barn," the following views editorially enunciated in *The Popular Science News of Boston*, with its extract from the editorial in that standard periodical, *The Popular Science Monthly*, are more than interesting.

"Until recently the *Popular Science News* has stood almost alone in opposing the so-called "regulation" of medical practice by the State—or, in other words, by the professional politicians. We have always held that governmental interference in any business not distinctly criminal or immoral is a violation of personal liberty and inherent natural rights. While quackery is bad enough, the suppression of individuality is a great deal worse, and the only just and rational system of government is that which upholds the right of every individual to act exactly as he pleases, only preventing him from infringing upon the similar right of his fellow beings to act as *they* please.

It is with peculiar pleasure, therefore, that we copy the extract given below from a recent editorial in the *Popular Science Monthly*, as showing that similar ideas are now being supported by journals of the highest standing and authority, and we notice also that it has been copied into several other high class periodicals, apparently with approval of the views therein put forth.

"Justice consists in defending individual citizens against the violence or fraud which these fellows might otherwise exercise against

them, while leaving to each as far as possible the conditions of existence natural to him as an inhabitant of the planet. . . . Established for quite a different purpose, the government has no competence to industrial matters, and can only act therein upon the advice of others. *This advice is nearly always interested and unjust.*

The above remarks apply to tariff legislation, but individual liberty is abridged in many other ways that seem essentially wrong. That the members of a particular profession should have laws passed in their special interest, and should be empowered to decide who may or who may not enter into competition with them, is, we think, a violation at once of justice and of liberty. It would scarcely be too much to say that the most offensive forms of trade-unionism are found in connection with the so-called learned professions. Time was, when it was supposed that the state had to look after the spiritual health of individuals; and for that purpose to prescribe their theological beliefs and religious observances. That belief has for the most part been exploded in the modern world, but its place has been taken by the notion that the state is responsible for the intellectual health of its members; and in lieu of the state church we have state schools. As regards the physical health of the community, the general method is to legalize one or two—possibly quite conflicting—schools of medicine, and to empower them to rule out, and if necessary to prosecute and punish all others. Nobody, broadly speaking, seems to believe that, in the absence of all legislation of this character, people could in any adequate manner preserve their health or protect themselves against gross imposture. *We* believe it—believe it most heartily; and we believe that the science of medicine would advance far more rapidly, and that, on the whole, the public health would be far better, if every man were left perfectly free to employ any one he chose to to attend him in sickness. At present every licensed practitioner feels himself authorized to call every unlicensed practitioner a quack. We should prefer a system under which, to a quickened public intelligence in questions of health and disease, the quack should stand revealed by his quackery. How much of real quackery is now concealed by the license to practice it might distress a confiding public to know.

Our voice may be as that of one crying in the wilderness, but we cry with conviction when we call for more individual liberty, with its correlative individual responsibility. There is something wrong, something viscious, in the application of compulsion where freedom of

# Gastric Derangements.

## Horsford's Acid Phosphate.

Unlike all other forms of Phosphorus in combination, such as dilute phosphoric acid, glacial phosphoric acid, neutral phosphate of lime, hypophosphites, etc., the phosphates in this product are in solution, and readily assimilative by the system, and it not only causes no trouble with the digestive organs, but promotes in a marked degree their healthful action.

In certain forms of dyspepsia it acts as a specific.

Dr. H. R. MERVILLE, Milwaukee, Wis., says: "I regard it as valuable in the treatment of gastric derangements affecting digestion."

Send for descriptive circular. Physicians who wish to test it will be furnished a bottle on application, without expense, except express charges.

Prepared under the direction of Prof. E. N. HORSFORD, by the

**RUMFORD CHEMICAL WORKS, Providence, R. I.**

**Beware of Substitutes and Imitations.**

CAUTION.—Be sure the word "Horsford's" is *printed* on the label. All others are spurious. Never sold in bulk.



## "BELAIR,"

—A—

### Private Infirmary

—FOR—

**DISEASES PREJUDICIAL TO WOMEN**

Belmont Avenue and Mayes Street,

**Nashville, - Tenn.**

Was opened for the reception of patients on January 1, 1890.

This institution is located in one of the most desirable residence portions of the City of Nashville and without any objectionable surroundings. The appointments are first-class, and nursing by trained and thoroughly qualified attendants.

Physicians wishing to send patients to such an institution, whether for medical or surgical treatment, will please address either

**J. R. Buist, M. D.,**

151 N. Spruce Street,

**or Richard Douglas, M. D.,**

206 N. Summer Street,

Nashville, Tenn

# THE PITH OF THE PEPSIN AND THE PEPTONES.

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"If, now, a peptone is present, you have not a substance capable of doing this work, but, on the contrary, you have the product of such work already performed, and to just the extent to which such peptones are present your product is ineffective. \* \* \* \*

"Finally, I may say that it is a mistake to believe that a pepsin does any better work because of its being freely soluble."—*DR. RUSBY.*

"It has been observed during this investigation, that deliquescent pure pepsins were no better than saccharated in their average strength."—*DR. MCCLELLAN.*

"There is a class of preparations on the market which claim on their label to be pure pepsin, none of which that I have met with are pepsin at all. \* \* \* \*

"These preparations were in the form of scales originally, and changed to this pasty mass on standing in a cool, dry place in my store in uncorked bottles.

"They are soluble in water, and by Vittich's and other tests are without doubt peptones, and should never be dispensed except when demanded by the physician."—*PROF. BARTLETT.*

Fairchild's Pepsin is not a Peptone, it is the most active, it is absolutely permanent.

If your patient complains about the powders becoming sticky, investigate—place the blame where it belongs—on the peptone which the druggists has been told is "just as good," "same thing," and "cheaper" than Fairchild's.

---

**FAIRCHILD BROS. & FOSTER,**  
**82 & 84 FULTON STREET,**  
**NEW YORK.**



choice is indicated by all the natural conditions of the case. Force should be reserved for cases in which force is required, where nothing else will serve the purpose, and where the purpose is vital to the life of the society. In other cases the application of force is wrong. The issue of "Man vs. the State is a moral issue; and the more the question is looked at in that light, the more irrelevant, or at least unnecessary, other lines of argument will appear."

Our excellent Boston contemporary concludes its editorial remark with the following terse paragraph:

"With the advance of civilization we may expect to see such laws relegated to the oblivion where now repose the statutes which were once intended to "protect" the citizens of that enlightened Commonwealth from the evil machinations of sorcerers and witches."

---

J. H. BAXTER, M. D., SURGEON GENERAL OF THE UNITED STATES ARMY.

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Having used the utmost efforts of our limited abilities in the past to secure the appointment of this eminently qualified and highly distinguished medical officer and gentleman, to the position now accorded him, and which he will so well fill, it is a pleasure indeed to heartily endorse the following editorial in *The New York Medical Journal*, of Aug. 23. It is certainly to be hoped that the wearers of the senatorial toga will hasten to confirm.

"The President has sent to the Senate the nomination of Colonel Jedediah H. Baxter to be surgeon-general of the army, to fill the vacancy caused by the retirement of Surgeon-General John Moore. Colonel Baxter entered the volunteer service in June, 1861, as surgeon of the Twelfth Massachusetts Infantry, was appointed surgeon of United States Volunteers in April, 1862, and was promoted successively to the ranks of brevet lieutenant-colonel and brevet colonel, the latter in March, 1865, his promotions having been made on account of faithful and meritorious services in the field. In July, 1867, he was appointed Assistant Medical Purveyor in the regular army with the rank of Lieutenant-Colonel, and was made Chief Medical Purveyor in March, 1872, being promoted to the rank of colonel in June, 1874. The experience of twenty-three years which Colonel Baxter has had in the administrative bureau of the medical department of the army has given him an exceptional fitness for the office of its chief

adminisitrator, and the knowledge that he has acquired of the medical needs of the army will, if his nomination is confirmed by the Senate, be of inestimable value to that arm of the service. It is true that other medical officers have a strong claim to the office of surgeon-general by reason of their longer term of service; for, although the ranking colonel, Dr. Baxter's term of service has been much shorter than the terms of several of the officers now in that corps. Nevertheless, with a view only to the fitness of a candidate for the office to which he is nominated, we believe that Colonel Baxter far outranks all others, and for the good of the service we hope to see his appointment confirmed."

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#### METHOD OF HANDLING AN EPIDEMIC OF SMALLPOX IN SOUTH AFRICA.

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It may possibly be of interest to medical men to briefly recapitulate the means taken three years ago at Cape Town, South Africa, to control a terrible outbreak of smallpox.

1. On the first appearance of the disease, which originated amongst the Malays, the municipality bought a farm of 100 acres, ten miles out of the city; erected tents and removed all cases there.

2. A *cordon sanitaire* around each infected dwelling was placed and maintained till the premises were thoroughly disinfected.

3. Vaccination was made compulsory, and any interference with members of the vaccinating staff was heavily punished by both fine and imprisonment.

4. The whole city was thoroughly cleansed and strictly quarantined against country towns till the epidemic subsided. This prevented the disease being general throughout the colony..

The scourge was very fatal amongst the colored classes, Malays especially suffering. Whites who had been vaccinated escaped almost scot free. As high as 130 fresh cases were reported when the epidemic was at its height, and three ambulances were run night and day taking patients to the farm.

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THE AMERICAN GYNECOLOGICAL SOCIETY will hold its fifteenth annual meeting in Buffalo, Tuesday, Wednesday and Thursday, September 16, 17 and 18, 1890.

LISTERINE.—The *British Medical Journal* of May 3d, 1890, says: "We have received \* \* a specimen of a preparation manufactured by the Lambert Pharmacal Company, St. Louis, U. S. A. According to the formula given, it contains the following antiseptics: Thyme, eucalyptus, baptisia, gaultheria, mentha arvensis and benzo-boracic acid. It is a clear liquid, with an aromatic odor, pungent taste, and miscible in all proportions with water. We have experimentally proved that it is a powerful antiseptic, preventing the development of bacteria and decomposition of vegetable infusions. Listerine is certainly a very elegant preparation, and will be found an agreeable antiseptic either for internal or external use." It is certainly satisfactory in the extreme to note the appreciation that the efforts of American pharmacists meet with abroad. Testimony of the character given by the *British Medical Journal* should carry very great weight with it.—*Occidental Medical Times*, June, 1890.

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THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION will hold its sixteenth annual session at Liederkranz Hall, Louisville, October 8, 9, 10, 1890. A large number of prominent men in medicine in the Mississippi Valley have signified their intention of being present and taking part in the programme. Dr. John A. Wyeth, of New York, and Dr. Frank Woodbury, of Philadelphia, will be present and read papers. The social programme will be all that can be wished. The ladies accompanying physicians will be made especially welcome, and it is to be hoped that a number of them will be present. Science by day and social enjoyment by night will be the order of business. The President of the Association is Dr. Joseph M. Mathews, Louisville; Secretary, Dr. E. S. McKee, of Cincinnati; Chairman Committee of Arrangements, Dr. I. N. Bloom, Louisville. The American Rhinological Association will meet in the same place the same week.

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PAPINE:—John Muir, M. D., Member College Physicians and Surgeons, Ontario, Canada, ex-Vice-President Ontario Medical Council, says.

"I take pleasure in saying that I have found Papine (Battle) prompt, efficacious, and—better still—unobjectionable as to after effects. A patient, more than usual intolerant of other preparations of opium, has borne it well, and derived manifest benefit from its use."

"A SUCCESSFUL MAN" is the title of what is probably the brightest American story—typically American—which has appeared for many years. It is a story of life prominent in fashion and in politics, written by a member of New York's highest society who displays a genius as a writer destined to make her name famous—although she substitutes a *nom de plume* for her own well known one.

"A Successful Man" will appear in two parts in the *Cosmopolitan Magazine*—the first in the September issue—and is illustrated by Harry McVickar, the drawings being made from life from acting models who were guests and servants at a Long Island country house.

---

LIPSCOMB, MAURY CO., TENN., June 3, 1889.

ELI LILLY & CO., Indianapolis, Ind.—I want to tell you of two cases of syphilis I have relieved by the administration of Succus Alterans, prepared by you.

In the first case, the patient was confined to his bed and apparently at death's door. The scrotum had sloughed off, leaving the testicles hanging naked. I put him on your Succus Alterans and now, after taking two bottles, he is up at work. The scrotum has formed anew and covered the testicles completely. I had but little hope of his recovery when he commenced the use of Succus Alterans.

The second case, being a full brother to the first, was in almost as desperate a condition, and, he, too, has improved very rapidly under the same treatment.

It is a remarkable alterative and anti syphilitic.

Yours truly,

R. P. RUPE, M. D.

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THE AMERICAN PUBLIC HEALTH ASSOCIATION will hold its eleventh annual meeting at Charleston, S. C., Tuesday, Wednesday, Thursday and Friday, December 16, 17, 18 and 19, 1890. Additional notice hereafter.

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NERVOUS ANÆMIA.—

R Syr. Hypophos. Comp.....4 oz.

Celerina [Rio].....4 oz.

M. Sig.—Teaspoonful three times a day.

---

PONCA COMPOUND has given such excellent results in four cases of serious menstrual troubles, that I shall always prescribe it in the future for complaints of that character.

L. VON BUESCHER, M. D.,

Brooklyn, N. Y.

**NUTROLACTIS.**—We have now been using this preparation for one year, and our confidence in it grows steadily with each case for which we prescribe it. The recommendations from others gave us confidence at the start, but our own experience has made it, with us, as near a specific as a galactagogue, as remedies ever get to be in any condition. We have used it in twenty-four cases with but one failure.

F. L. SIM, M. D.,

January, 1890.

*Editor Memphis Medical Monthly.*

**HAYDEN'S VIBURNUM COMPOUND:** Dr. P. Bryce, of Alabama, in a recent letter to Dr. Hayden, says; "I want to say that Hayden's Viburnum has been a standard remedy in the Alabama Insane Hospital for several years past, and for the class of diseases for which it is recommended, we have found no agent so safe and reliable."

**SANDER & SONS' Eucalypti Extract (Eucalytol).**—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Griefswald.

## Correspondence.

### WHOSE EARS ARE THE LONGEST?

THE CHICAGO HERALD,  
Daily, Sunday and Weekly.  
120 AND 122 FIFTH AVENUE,  
CHICAGO, ILL.

Editorial Department.

August 6, 1890.

DEERING J. ROBERTS, M. D., Nashville, Tenn.

*Dear Sir.*—In the August number of your journal you have put yourself to the trouble of showing again what the world has known for some time—that you are an ass. In my note to the Association Journal of July 5, I said, as you quote, "so far as I know such a suggestion had not been made before." That was strictly true. I plead guilty to the charge of ignorance in regard to Dr. Cox's article of 1871. My ignorance will wear off, but your assininity, being a part of your nature, will stick to you through life.

I made no misstatement of fact. What I said was written with the idea that some such suggestion might have been made before, and I was careful not to make an unequivocal claim to the suggestion. Had you not mailed a copy of your cross-roads sheet to me I should take no notice of you or of the article. But as you did send me a copy, I presume you wished to notify me that you are doing business as a jackass at the same old stand. I am,

Very truly yours,

WM. G. EGGLESTON.

# CONTENTS FOR SEPTEMBER, 1890.

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## ORIGINAL COMMUNICATIONS :—

Fallacies in Medicine. By J. S. Cain, M. D . . . . .	363
Chronic Indolent Ulcers of the Leg. By W. F. Drummond, M. D. . . . .	374
Pulmonary Actinomycosis. By E. S. McKee, M. D . . .	378

## SELECTIONS :—

Modern Surgery . . . . .	380
The Relation of Mastication to Physical Development . . .	382
Coca in Hoarseness of Professional Singers . . . . .	385
The Local Treatment of Diphtheria and Scarlet Fever Throat.	387
The Treatment of Cystitis in Women . . . . .	388
Fractured Thigh; Easy Method of Treatment without Long Splint or Pulley . . . . .	389
Vegetable Alterative . . . . .	390
Labyrinthine Deafness . . . . .	390
Rhubarb as a Cause of Hæmaturia . . . . .	391
How to Boil an Egg . . . . .	392

## EDITORIAL, REVIEWS, ETC:—

Book Notices . . . . .	393
State Regulation of Medicine . . . . .	399
J. H. Baxter, M. D., Surgeon-General of the United States Army . . . . .	401
Method of Handling an Epidemic of Smallpox in South Africa . . . . .	402
The American Gynecological Society . . . . .	402
The Mississippi Valley Medical Association . . . . .	403
The American Public Health Association . . . . .	404
Nervous Anæmia . . . . .	405
Editorial Items . . . . .	405

# THE SOUTHERN PRACTITIONER.

AN INDEPENDENT MONTHLY JOURNAL,  
DEVOTED TO MEDICINE AND SURGERY  
SUBSCRIPTION PRICE, ONE DOLLAR PER YEAR

DEERING J. ROBERTS, M. D., - - Editor and Proprietor.

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Vol. 12.

NASHVILLE, OCTOBER, 1890.

No. 10

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## *Original Communications.*

### FALLACIES IN MEDICINE.

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ANNUAL ADDRESS BY J. S. CAIN, M. D.,  
*Professor of Principles and Practice of Medicine with Clinical Medicine and  
General Pathology, Medical Department University of Tennessee; and  
President of the Nashville Academy of Medicine.*

[CONCLUDED FROM LAST ISSUE].

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I come now to the consideration of fallacies in the theory and practice of *medical specialties*. It has been argued that the subject of medicine is too comprehensive for the mastery of any one mind, and therefore it should be divided up into departments, by partitioning off certain organs, localitiés or classes of disease, to certain individuals to be studied and practiced in detail.

Now if the individual to be thus partitioned off, happens to be a man of enlarged experience and learning in general practice, who from convenience or choice 'desires to devote his time to some special subject, it is all well enough, but the idea of studying a specialty for the purpose of practicing it as a specialty, without this general preliminary experience and study, is wrong in theory

and wrong in practice, and may be recorded, I imagine, as one of the grossest professional fallacies of the times. A department of human disease located in a special organ or region, cannot be fenced off and isolated from the remainder of the system, and studied as an entity independent of its complex relations to the entire economy, as a portion of the area of a ship's hull is bulk-headed off and protected from injuries in other portions of the vessel.

Every organ in the human economy by its vascular, nervous and other relations, is so intimately associated with every other part of the being, both physiologically and pathologically; the sympathies of even distant parts are so far reaching and potent in their influences, that in my judgment to treat any organ properly and successfully, in either medicine, surgery or gynecology, requires that the practitioner should be well schooled and skilled in the entire subject of medicine, and should have come up through a careful discipline and long practical experience, and that standard specialists cannot be manufactured *de novo* out of green timber, but must be made out of timber which has been so seasoned and fitted for special use. Then to a defective system of training and not to any design on the part of the specialist, are we most frequently indebted for the fallacies in this department.

Our ancient brethren in the profession seem to have been very slow to appreciate the fact, that the *slight variation* in the general make up of woman (for which the old Baptist deacon thanked the Lord), entitled her to any distinctive and separate consideration in the line of suffering humanity, and not until within comparatively recent years, has the consideration of the diseases peculiar to her sex, grown into a distinct and separate specialty.

Modern and progressive gynecology received a greater impulse from the co-temporary labors of Dr. Sims in this country, and Dr. Simon in Germany, than from all previous time, and may almost date from that period, since which time we have had the gynecologist with us, in gradually increasing proportions and pretensions. The specialty has been composed largely of men of experience and learning in the field of general medicine, and no department has shown greater progress, still their fallacies within the last



thirty years, if collected would make a very large book, and I can only hope to hint at a few of them in the limits of an occasion like the present.

Our fathers in medicine seem to have overlooked the fact, that woman was possessed of a generative apparatus which imparted a peculiarity to her diseases. The modern gynæcologist is guilty of a greater oversight in failing to recognize the fact that she is possessed of any other organs except a uterus and its appendages, or as some others would have it, a pair of ovaries and their appendages, or that she has any other mission to perform as a patient, except to furnish a vagina and uterus for them swab out, burn, stretch, cut, slash, curette, cauterize and tampon; or tubes and ovaries for them to remove, and an abdomen to make laparotomies upon.

Amongst the first dawns of the distinctive gynæcological idea, like all new departures, particular stress was laid upon what appeared the most objective feature. Lisfranc and his followers found or imagined that the uterus was at the bottom of nearly all female troubles, and that uterine congestion was the pathological condition of the organ.

Vallieux ascribed the same importance to the uterus, but thought that displacements of the organ were usually the abnormal condition.

Blatin and Tyler Smith thought that leucorrhœa was the great evil, while the school of Recamier found ulceration and granulation to account for all the ills of their patients.

The more modern teachers like Nonat, Aran, and Bennett, took broader views as to the pathology of female diseases, yet they strongly inclined to the theory of inflammation and ulceration, and to the decided opinion as promulgated by Dr. Henry Bennett, are we indebted for one of the first gynæcological fallacies within the memory of men of my age, that *nearly all* of the diseases of females depended upon ulceration of the uterine os. Ulceration of the uterus was thenceforth for many, many years the great hobby of those who "devoted special attention to diseases of women," as the stereotyped quack advertisements usually read. Every such one, and many others, armed with a Ferguson's

cylindrical speculum and a stick or solution of nitrate of silver, went forth to war with this imaginary giant of disease, and never felt that they had discharged their entire duty towards any afflicted female until her uterine os had been cauterized. Blackened fingers from caustic was the advertisement, the sign manual of the woman doctor of that day, and the assurance of the doctor that he had cauterized a woman's uterus was deemed sufficient evidence of the presence of uterine disease. In many rural regions that idea still maintains a strong hold upon the average doctor, and we frequently hear the black fingered gentry talk lengthily, if not learnedly, about ulceration of the os uteri.

Those who imagine that they are up with the times, believe now that such a condition seldom if ever exists, and if it did, the treatment then given would be wholly inadequate for its relief.

Dr. Sims though a great and good man, and the giver of many good and perfect medical gifts to the profession and the world, had his hobby faults all the same. He conceived the idea that flexures at the internal os was a very common condition and productive of much of the complaints of females, and very early in his specialistic career he gave to the profession a hobby which has cost many a poor woman much suffering. He conceived the idea that the proper treatment in these cases consisted in straightening the uterine canal by splitting the cervix down to the vaginal junction, on one or sometimes on both sides. Straightway the doctors with gynæcological proclivities armed themselves with Sim's knives and went forth to splitting cervixes, which the later doctors and the grave have been attempting to close up ever since.

After awhile some one, I do not recollect who, conceived the idea that elongated and conical cervix, was just the thing to be combatted in all female diseases, and it was wonderful how many we found. I was the proud discoverer and the misguided remover of a few myself. The treatment was to amputate, and the only controversy was as to the best mode of doing the operation. Finally, the electro-cautery took the lead, and osteal stenosis from cicatricial contraction was the penalty which poor woman paid to this fallacy.

Cervical stenosis sometimes exists and is productive of sterility, dysmenorrhœa, and other evils to such extent as to require instrumental treatment, but that there is a howling hobby just now possessing the gynæcological mind upon that subject is evidenced by the almost endless variety of cervical dilators which may be seen in the instrument shops. I am convinced that there is much medication and dilating practiced where the stenosis is more in the mind of the doctor than in the cervix of the woman.

Dr. Emmett has given us several popular ideas in gynæcology which have had an extensive run with the profession. His *hot water* idea borrowed from Dr. Dudley and elaborated and popularized by himself, has a field of vast influence when properly used—as can be vouched for by many; to be employed with the best results however, it must have a certain high temperature and be applied for a sufficient length of time. The fallacy comes in here in making a hobby of the idea and using it in every case, and often when uncalled for, and at a temperature and for a length of time wholly insufficient to accomplish the object sought.

Dr. Emmett made another discovery which has had a great run with the tinkers on female genitalia. The slit in the cervix which Dr. Sims had so industriously labored a few years previously to produce with the knife, was discovered by Dr. Emmett as the frequent result of natural causes, and a great factor in the production of female diseases. Immediately the medical world turned its attention again to the uterine cervix, and focussed its microscope upon lacerations of the os occurring in labor.

Sub-involution, areolar hyperplasia, displacements and fungoid vegetations, osteal erosions and all the nervous and other troubles supposed to grow out of these local evils were traced directly to such lacerations. The occasional instances where cervical lacerations were unquestionably real factors in disease production, furnished a plea for the fallacy of considering every little nick in the os as a focus for disease, and a cause for surgical interference. The operation for repairing the injury was magnified into a great surgical achievement, and its accomplishment (whether successful or not, no one but the surgeon could know), gave dignity and ducats to many an embryo gynæcologist.

Dr. Emmett does not now ascribe as much importance as he formerly did to these little unavoidable injuries, and we seldom hear any more of the once popular operation. Much the same may be said with the regard to perineal lacerations, which occur to a greater or less extent in nearly all child-bearing women. The occasional cases of severe injury to the parts, causing or resulting in sub-involution, displacements, rectocele, cystocele, etc., have sufficed to magnify every little insignificant tear into a condition calling for surgical repair, and this has been another God send to genetalia cobblers of great pretensions and little qualifications. The friendly female clothing and the grave often conceal their failures.

I next allude to a pair of the most deadly fallacies which have ever laid hold upon the adventurous gynæcological mind; the twin operations of ovariectomy and laparotomy. The imaginary necessities for these operations have grown into wonderful proportions within the latter few years, and the operations to judge from the reports, have fully kept pace with the imaginary demands. So great has the craze become that no man with any surgico-gynæcological pretensions feels like going to a medical association unless he has a few cases of ovariectomy or laparotomy to report, and often these achievements read or sound more like the doings of the hero of a dime novel than of a wise, conservative, God-fearing and life respecting physician.

Grave operations, (in more senses than one), are reported for peritonitis, slight cystic degeneration of ovaries, pus tubes, bowel obstructions, purposes of diagnosis, etc., and ovariectomies for neurotic conditions upon negative reasoning, because the trouble cannot be traced to any other source than ovarian erethism. The same neurotic condition often exists in males. How long would a surgeon live and flourish who would attempt by the same process of reasoning, to remove the analogous organs (the testicles), in the male.

I would by no means condemn these operations when a real necessity exists. They have done as much to demonstrate the wonderful achievements of modern aseptic surgery as any other department of this great work. But what I would condemn as

a crying fallacy, is the indiscriminate and uncalled for frequency with which the female abdomen is invaded by adventurous surgeons, often resulting fatally, where no operation was required, and when the woman would have lived out her allotted time in all probability, if she had been spared the murderous knife of the infatuated "belly ripper."

In another honorable specialty of the profession appears to my possibly somewhat defective vision, a number of glaring fallacies. But one so conspicuously outglares all the others that I shall devote my limited time upon this occasion to that alone. I allude to a special feature in the practice of the oculist, which is just now being run not only as a hobby, but more as a craze by the average eye doctor. That of putting spectacles or glasses upon a ridiculously large number of those who consult them, and I desire in the beginning to disclaim any very particular allusion to our clever and excellent eye doctors. My heart goes out in great fraternal sympathy towards them. They belong to the nice clean departments of the profession, and every one of them is away above the average, so that I could not possibly allude to them except where now and then, probably, they may wink at this fallacy.

Away back within the memory of many present, Tennesseans, were noted for being the best rifleshoots, (refer to history of battle of New Orleans, war with Mexico, etc); the best engineers, surveyors, and indeed the best of every calling which required long, clear and accurate vision. In those clear-sighted days before the discovery of eye doctors and before New England school marms had introduced the spectacle style; with the exception of an occasional case of congenital myopia, requiring the aid of artificial means, spectacles were never seen upon the young; and the aged individual upon whom the spoliations of time had told in eyesight as well as in other functions, monopolized the entire privilege of sporting that not very comely adjunct to vision. Now the youth, the child and even the prattling infant are met constantly upon our streets, not only singly but in groups, toddling behind cumbersome and uncomely spectacles. Why is this? Have our people degenerated thus rapidly, or has a

fallacy, a hobby, or an affected style borrowed from the canaille of down-eastdom or the dudeism of the old world, like the one eye glass of the cockney, or the central hair parting of the Dutch dude had more to do with it than the supply of a long-felt want. Even the irrepressible and apish African, who in the simple old anti-oculist days, was noted for detecting a coon in the thickest foliage of the highest poplar by the haziest moonlight, or who could thread the mazes of the most elaborate hen roost in the darkest night without raising a squall, and whose vision was so perfect that he scarcely knew that he had eyes, is now seen wherever his circumstances or opportunity for capture will permit, ambling behind the same gold-rimmed optical illusion.

If his general mental and physical being is degenerating as this condition of his eyes would indicate, I would suggest that the Darwinian theory is being reversed in his case, and inquire how long before the caudal appendage will reappear.

Look upon a class of school children as they file out of a modern school-house, and instead of looking into the soulful expressive eyes of childhood, and youth, and innocence, you behold instead largely a rank of glaring expressionless, soulless window glasses.

The African is greatly influenced, let us hope, in mounting the goggles, to his inherent monkey proclivities for imitating the weakest class of whites in all things, the cymblin-headed stylish dude and the irrepressible imitative dudine, by a desire to do the stylish thing. But these petted darlings of fortune are not influenced by such motives, they are usually acting under special-istic, professional advice.

Now, this all has a significance ; of its uncolored truthfulness, no one can doubt who will observe for himself. Why this rapid increase in spectacle wearing under medical advice ; can there be any reason for it ? I ask in all common sense, is not the *average* eye doctor degenerating into a mere common drummer for spectacle manufacturers, and is not the first-class gentlemen in the specialty sometimes winking from behind his glasses at the same fallacy ; and are not these often useless and sometimes harmful mechanical contrivances being employed by

specialists in this particular department, because they are unskilled and untrained in the higher laws of physiological and pathological correlation, which dominate and influence the visual apparatus, and because they do not know what else to do.

If the great and wise Creator of man as well as of dudes, manifested a partiality for any particular organ, it was certainly towards the eye, which seems to have received his especial care as to its fitness for its various and complex duties, and its adaptability and power of endurance in the proper sphere of its use. To argue its degeneracy and unfitness for these functions, as evidenced by the ridiculous display of spectacles, would be to argue his work a failure, which is not, manifest in any other of its departments. If the glaring, silly spectacles which we meet so often upon the streets of late, and which we continually see people prying over and around that they may be enabled to see us, was accepted as a true index to the general decline of the human family, we would expect to meet half the population on crutches, and the remainder wearing either ear trumpets, orthopædic braces, high-heeled shoes, uterine supporters or scrotal suspensory bandages; but in point of fact, the human family is improving, and the necessity for these artificial contrivances is growing less with the improvement. They are comparatively seldom seen, and only when necessary to correct congenital or acquired organic defects, and only about as often as spectacles should be seen upon the young, if restricted to their legitimate sphere.

The thousands of little ailments in these petted darlings for which anxious mothers consult as anxious oculists, like headache, megrim, neuralgia, ocular hyperæsthesia, intolerance of light, etc., are dependent upon a variety of remedial and usually self-limited conditions, like temporary cerebral hyperæmia, functional derangements, consequent upon lung, liver, kidney, stomach, skin or bowel inaction, or defective accommodation from loss of muscular tonicity, and general adynamia from wasting diseases, temporary failure in the symmetrical development of some portion of the complex human machinery, which nature usually brings up and corrects in her own good time and way.

Atrophy from mal-nutrition and defective innervation, and many other conditions in which the eyes play no part as causative

factors, are construed by the aforesaid average oculist into the results of eye-strain or some local visual defects, and mechanical means are brought into requisition to remedy the trouble through the eyes, when in point of fact the apparent visual trouble resides not in the eyes, but in the general systemic condition.

Frequently, the child has not been transplanted at the proper time from the hot bed of home into the broad open fields of life with their pure air and sunshine, and has for the lack of nature's tonics become spindling, spare, undeveloped and defective, often in such cases instead of a pair of spectacles, a tonic and roborant treatment, with more attention to hygienic environment, exercise, diet, and training calculated to strengthen rather than to stay brain and nerve power, probably with the addition of cod liver oil and the hypophosphites, and not unfrequently a Turkish bath, will accomplish more good than all artificial eye appendages; or a cholagogue, diuretic or vermifuge, will prove of far greater and more lasting service to the child than spectacles.

Nature possesses remarkable recuperative and reparative powers, and most usually is competent to overcome these temporary defects in childhood; localized weakness and atrophy of muscle, defective digestion and lack of tonicity in sphincter and other muscles as well as ciliary, are usually repaired before the adult period is attained. Nature shows the same beneficent kindness to the child who suffers from defective eye accommodation or from slight aberrations in refraction, that she shows to the one who wets his bed, relieving both usually at the proper time, provided she is not thwarted in her processes by meddling and embarrassing aids.

Defects in all of the special senses are common in childhood, and until after the maturity of brain and nerve centers is attained, after which time they disappear. Hence, the very small amount of permanent eye defects which existed prior to the advent of the fashionable fad of spectacle doctors and spectacle style, and the increasing amount which exists at the present time.

These artificial means often prevent repair by disgusting nature and interfering with her processes, and no doubt producing thousands of eye cripples, which if left severely alone would



never have existed. Some one whose soul was less full of the lacteal fluid of human kindness than mine and who entertained less reverence for the great "Brotherhood of Spectacle Knights" might possibly suggest; that the instrumental means of diagnosis used in these minor optical defects, being the work of human hands, with all the defects of human handicraft, are often less reliable than the God made organs which they are testing and condemning, and that often the defects thought to be discovered in the Divine, exists in the human instrument, reflecting human credulity, cupidity and fallacy.

We can't control those who want to wear spectacles, because they imagine it suits their style of beauty, and I have no war to wage against the silly dude, who ensconces himself behind the glasses, alone, because he imagines it is stylish to do so, or that the instrument sits or clings gracefully upon his nasal appendage, and harmonizes and adorns the curves, lines, and angles of his physiognomy and gives a literary caste to what he is pleased to term his countenance. It is none of my business; it pleases him, and is his exclusive show, besides it covers up and conceals from public gaze a small portion of his silly face, and is to that extent a public benefaction. Nor would I find fault with the exclusive optician whose business it is to sell spectacles, and to fit them on his enquiring customers, like the clothier, and hatter, and shoe merchant. But it is to the indiscriminate prescribing by the professional man, against which I would raise my humble protest, as the most disgusting professional folly of the times.

I regret that time and space will not permit me to do more than give a mere passing notice to certain fallacies which exist in the relation of individual members to the great profession. All of the little innocent means of advertising and magnifying the individual with the public and with the brotherhood come properly under this head.

The exaggeration of practice in quantity and character; the mistaking or rather construing and announcing all of one's cases of simple fever into typhoids, sore throats into diphtheria, simple malarial chills into grave congestions, bowel derange-

ments into intestinal ulcerations or dysentery, etc., bronchial coughs into consumption, simple sores into cancer, kidney derangements into Bright's disease, and hundreds of other little errors all pointing one way, and going to prove most incontestibly that the doctor is a sure cure for those diseases which are usually fatal in the hands of other and less skillful practitioners.

The possession of certain peculiar treatment and cure-all formulas, which in his hands, have only to be applied like the mad-stone to extract the virus and sting of disease.

The running of the church racket that gain may follow in the wake of professed but usually not practiced piety. Occasionally the perversion of the holy bonds of wedlock into a mercenary scheme by converting the wife into a drummer for the husband—the doctor.

Profuse hand-shaking and baby-kissing after the order of the political engineer for office. All of these practices and many more are daily seen and tolerated in the individual, and condoned by the profession as individual peculiarities, and practices which usually do not come within the penal code of our professional statutes, called ethics. And yet if the whole profession indulged in these practices, it is easy enough to see to what depths of scheming, trickery, and degradation it would lead us, and how soon medicine instead of being looked upon as a high-toned, dignified and independent profession, would become so odious that an outraged and sensible public (as much as it enjoys being humbugged), would rise and thrust the profession out of the temple of science, as the Saviour did the money changers out of the temple of the living God.

The medical man whose name gets into the public prints in connection with every case of street-car accident, sprained ankle, mashed finger, sun stroke, case of fits or autopsy, which he may be called to attend, may be mentioned in this relation, and I do hope that this society will place the seal of its condemnation upon this too common practice, so far as its members are concerned, if it were possible for one of them to fall a victim or designedly resort to so crude a method of advertising.

Again, it happens that an interested friend or an observant looker-on, now and then turns up to report to the newspapers (of course without the knowledge or consent of the party most concerned), that doctor so and so has gone abroad or just returned from a sojourn amongst the great colleges and hospitals of the world, where he has been prosecuting his investigations in certain lines in which he has become justly so distinguished, etc. Or, that the doctor has accomplished some rare and unusual surgical achievement, all, making the conclusion irresistible that it is well to have such men in the community. Or, that the doctor has recently purchased a pneumatic cabinet, electric bath apparatus, or some other modern mechanical or sensational contrivance, and that in future it will be unnecessary for the people of the city or community to go away from home to obtain the benefits of this great therapeutic agent. It may be that similar contrivances are rusting in the offices of a dozen others, non-advertising medical men of the locality, and thrown aside as useless. It matters not, the doctor is brought into notoriety by the "ad." all the same, and a very bad taste is left in the mouths of medical gentlemen who can detect the flavor of the bitter nauseating bolus through the flimsy coating.

It is sometimes difficult to prevent inquisitive news-gatherers from doing this thing, and I am aware that it occasionally happens contrary to the wishes of the physician, but I doubt from long observation if much sleep is lost by a large class in the endeavor to keep their names out of such compromising publicity. The newspapers here seem to have come to regard this as a kind of complimentary compensation due the doctor for the item of news, that his name as the skilful attendant shall form the tail to the local news-kite. These accidents and autopsies may and do constitute items of news of interest to the public, but just what doctor caught the plum cannot possibly be of consequence to the readers of the papers, and is only designed and viewed by a right-thinking public as a quasi-legitimate means of obtaining cheap publicity, at the sacrifice of professional dignity. Any man can prevent this by simply saying to the managing editors of the several newspapers in his town, don't insert my

name in your paper in connection with any accident or other professional matter unless permitted or instructed to do so. The giving of medical opinions for publication in the secular press as to the coming season, probabilities of epidemics, effects of street repairs, sewerage, and general sanitation; the signing of certificates and giving testimonials for publication as to the virtues of mineral waters, climatic influences; the virtues and properties of medicinal preparations of the thousands of enterprising medicine manufacturers, who fill our offices with samples and afterwards bore us for opinions; the virtue of baby foods, the skill of spectacle peddlers, etc., *ad nauseam*, all designed for publication outside of the legitimate medium for medical matters, medical journals; but rather to be scattered broadcast over the country in circulars and pamphlets, but little if any better than the quack almanac, so that often the names of men high in professional positions become as common as those heading patent medicine advertisements.

I have already trespassed too long upon your indulgence to warrant more than a passing allusion to the fallacies and erroneous conceptions and practices which exist with regard to the most important subject of medical associations, these great workshops for the cultivation of medical virtues, and manufacture and refinement of medical thought. Medical Associations when properly conducted are of inestimable value to the parties composing them, and yet there are but comparatively few physicians who are earnest and faithful society workers. Besides those who fail from sheer neglect, there are about three classes of medical men who usually stand aloof from medical societies:

First, those whose innate modesty deters them from assuming the prominence which such Associations almost demand of their working members.

Secondly, those who are endowed with the brass, but are defective in the intellectual and qualification make-up to maintain a respectable position among their fellows. These often join societies and run well for a season, but as soon as work is assigned to them requiring medical knowledge, drop out, usually upon the plea of professional demands and lack of time.

Third, the professional churl, who may or may not possess intellectual merit, but who is of that seclusive order who like to throw a veil of mystery around themselves and their doings, who write *private* over all the doors and closets about their offices as well as on all avenues of approach to themselves, and who do not affiliate with Societies for fear they will be considered like other men, and only turn up when they have an end to accomplish or an axe to grind.

The physician who denies himself the benefit which always accrues from active membership in medical Societies, from a consciousness of incompetency or a dislike to be measured by the standard of Society men, is fallaciously recreant to the duty which he owes to those who trust their lives and happiness in his hands. The professional churl (if he possesses the merit which he claims), is equally censurable before the bar of professional justice in endeavoring to lock up in his own person the knowledge and experience which should be the common property of the profession, and in spirit is little better than the patentee in medicine. Mutual improvement and the cultivation of the higher social and fraternal relations, as well as of medical knowledge, are amongst the great benefits to be inculcated by and derived from Society work, and all who have participated in and observed the effects of medical Associations upon those who are the most earnest workers, have not failed to observe these results. Men are instructed, and developed, and rendered ready and self-reliant as by no other system of medical training. The less informed are elevated towards the common level, while the well informed are further polished by attrition with minds likewise well informed, as diamond is polished alone by friction with diamond. Then, as one of the great missions of medical Societies is mutual improvement, and the cultivation of the higher and more refined professional courtesies, great tolerance as to opinion, and courtesy in discussion, constitute the true measure of the man who comes up to the standard of the higher Society qualifications.

The dogmatic style of the advocate, the sophistry of the special pleader, and the brow-beating manner of the hustings,

are all alike fallacious in the Society Hall, where reason alone should hold sway, and challenge respect, and where the modestly uttered opinion of to-day, however unreasonable and absurd it may seem (as demonstrated by our past professional history), on to-morrow, may be accepted as a great advance in science.

Our Society has entered upon the work of a new year, with new heading, and I hope with new determinations. As your retiring President, I most sincerely thank you for the honor which you have conferred upon me, and renew my fealty to honorable medicine by assuring you of my loyalty to the Association and my willingness to labor wherever I may be placed. I love the grand old profession with all of its fallacies, and reverence its members. No matter whether he rides a hobby in medicine, surgery, gynæcology, or therapy, whether he is a tube-splitting, belly-ripping, vagina-swabbing gynæcologist, a spectacle prescribing eye-tinker, a speculum explorer of female genitalia, or if he belongs to the even dirtier departments and cuts fistulas, ligates hemorrhoids, splits up urethras, cauterizes chancres, or even plays the granny role and with ready hand welcomes the adventurous kid into the world, whether he announces his professional opinions with a persuasive cadence like the gentle murmur of the wooing zephyr, when the Lord of Day has sunk to rest, or impresses them in thunder tones like the storm king when he rides amidst the embattling elements; if he is true, honest and sincere in his opinions and professional leanings, and maintains unspotted and untarnished relations towards homœopathy, eclecticism, spirit cures, gospel science, and other like humbuggery, and does not monkey too much along the line of professional propriety, I reverence him more than the man of any other calling or profession.

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### *Selections.*

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INTERNATIONAL MEDICAL CONGRESS.—The International Medical Congress was called to order in the Circus Renz, August 4, 1890, by the President, Professor Virchow. The beautifully

decorated hall held five thousand representatives from all parts of the world, to whom Professor Virchow extended a most hearty welcome. In his opening address he called attention to the great advances in medicine, and to the value of international meetings in uniting the medical world in the struggle against disease and death. He further said that the objects of medical associations should not be to get more pay or shorter hours, but to increase our ability for research, and to diminish the dangers that surround humanity. He expressed the Emperor's sympathy with the objects of the Congress, and said that Germany would devote herself to science and humane efforts.

Secretary Lassar reported that five thousand delegates were present, two thousand five hundred of whom were foreigners. Of all countries the United States takes the lead, with five hundred. It was announced that there were seven hundred papers to be read in the three official languages, namely, English, German and French. This report was followed by addresses of welcome by Herr von Boettcher, German Minister of Education, and the representative of the Chancellor; Herr von Goesler, Prussian Minister of Ecclesiastical Affairs; Herr von Fordensbeck, the Mayor of Berlin, and by Dr. Graf, President of the German Medical Association. On behalf of the American delegation, Surgeon-General Hamilton thanked the Germans for their great hospitality; Sir James Paget tendered the thanks of the English delegates, Dr. Pouchard those of the French, and Dr. Bacelli then spoke for Italy, in a delightful Latin oration, that charmed the hearers and demonstrated that the dead language united all scientists. Tremendous applause proved how well the oration was appreciated.

The following Honorary Presidents were then announced; From the United States, John S. Billings, M. D.; Austria, Professor Billroth; England, Dr. Stokes; France, Professor Bouchard; Italy, Dr. Bacelli; Germany, Carl Theodore, Duke of Bavaria, who, though of royal blood, is a distinguished surgeon. Professor Virchow was made the permanent President and Dr. Lassar the permanent Secretary.

Sir Joseph Lister then read a paper entitled "The Present Position of Antiseptic Surgery," in which he referred to Metchnikoff's brilliant experiments in regard to the destruction of bacteria by the amoeboid cells of living tissue, and showed how small particles of septic material are destroyed by leucocytes. He said that the work of Tait and Bantock is not opposed to the principles of antiseptis, but, on the contrary, that their cleanliness, and care in the preparation of instruments, sponges and dressings, show how well they follow the laws of antiseptis.

He believed in the use of strong antiseptic washes in all surgery except that of the peritoneum, where we should use solutions not stronger than 1 to 10,000, and in synovial membranes, where 1 to 4,000 solutions are proper. The spray, he said, has no real value, and he hopes that the day may come when we will need little irrigation and no drainage. Floating particles in ordinary air, he thinks, can be disregarded. He recommended the double-cyanide gauze as the best dressing.

Dr. Robert Koch, the famous discoverer of the tubercle and cholera bacillus, followed with a paper on "The Present Status of Bacteriological Science." He thinks that the future will give us fixed ideas of the etiology of all infectious diseases, be they bacterial or not. He believes that species of bacteria are fixed, and that one form can not develop into another. In bacterial examinations he said that we must never depend on one characteristic, but should exhaustively test all the qualities. He described a new bacillus, very similar to that of tuberculosis, but showing slight differences, and though it has puzzled the author of the paper, it is now established that this new form is a distinct species which causes chicken tuberculosis. It seems now that the exanthemata are not due to bacteria, but, perhaps, to some organism similar to the plasmodium malarie; but long and patient work and culture experiments must decide this point. The results of bacteriology are comparatively slight so far, but if the apparent results of his present work are true, bacteriology will be a greater science in the future. He has a new remedy by which he can check tuberculosis in the guinea pig, and can pre-



vent even inoculations from affecting the animal ; he did not say, however, what the remedy is.

Tuesday was devoted to the work of the sections. In the section of Internal Medicine the treatment of chronic nephritis was the main theme. An absolute milk diet and the administration of little medicine seemed to be in the opinion of all present the proper treatment.

The treatment of tubercular peritonitis by laparotomy was discussed very fully. No one seemed to have a clear idea of how a cure takes place after abdominal section, although according to the reports, cure results in thirty to sixty per cent. of the cases. It was therefore thought that laparotomy is the best therapy if a diagnosis can be positively established. In the acute miliary form operation was, of course, considered of little value.

Terillon reported his results in resection of the stomach and intestine for carcinoma. His present position is that, although so far no operation has resulted in preventing a carcinoma, the patient's comfort is so much increased and his days so much lengthened that it is our duty to give him the benefit of an operation.

At the second general session, Sir James Paget and Dr. John S. Billings presiding, it was decided to hold the next meeting of the Congress at Rome. The official records show an attendance of five thousand five hundred and sixty-one members. Of these there are six hundred and twenty-three Americans, four hundred and twenty-one Russians, three hundred and fifty-three English, and one hundred and seventy-one French.

Professor Bouchard, of Paris, then spoke for two hours on the "Mechanism of Infection and Immunity," and was followed by Axel Key, of Stockholm, on the "Relation of Puberty to the Diseases of School Children." Key has found that the year of greatest growth in boys is the seventeenth ; in girls the fourteenth. While girls reach full height in their fifteenth year, they acquire full weight at the age of twenty. Boys are stronger than girls from birth to the eleventh year ; then girls become superior physically to the seventeenth year, when the tables are again turned

and remain so. He stated that from November to April children grow very little and gain no weight; that from April to July they gain in height but lose in weight, and that from July to November they increase greatly in weight but not in height. These are the results of over six thousand observations. During the school months children suffer far more from disease than in the vacation, and during school years far more than before or after. Key thinks that usually school work is far too hard in the lower classes, and that the children do not get sufficient muscular strength. Less school work and more physical training until the twelfth year are necessary to make our coming generation strong; and a child should not undergo any severe mental labor.

This is a splendid exhibition of medical and surgical appliances, in which all nations are represented. The place of the special sessions is the famous Art Exposition buildings, and no International Congress ever met in more beautiful quarters. The arrangements are perfect, and one hears nothing but praise from all foreigners. Very differently were the Americans treated who attended the British Medical Association, in Birmingham—over fifty withdrew their credentials on the second day, and nearly every American member resigned. The Americans are intensely indignant, especially so at Mr. Lawson Tait. Further details concerning the action of these delegates will be sent in time for your next issue. Tuesday evening the city of Berlin gave a magnificent banquet to the foreigners in the city hall, and Wednesday evening there were banquets by the different sections. The delightful weather adds not a little to the enjoyment of the meeting.—*Special Correspondence Phila. Med. News.*

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KOCH ON TREATMENT OF TUBERCULOSIS.—In concluding his address on Bacteriological research before the Tenth International Medical Congress, Dr. Robert Koch said:

I am convinced that bacteriology will one day be of the greatest importance from the therapeutical point of view also. It is true, I look for relatively smaller therapeutical results in the case of

diseases with a short incubation period and a rapid course. In these diseases, as for example in cholera the chief reliance will always have to be placed on prophylaxis. I am thinking more of diseases of less rapid course, as these offer more points of attack to therapeutic enterprise. And there is scarcely a disease which, partly on this ground, partly on account of its far surpassing all other infectious diseases in importance, so challenges bacteriological investigations as tuberculosis.

Moved by these considerations, very soon after the discovery of the tubercle bacilli, I set about seeking for substances which could be used therapeutically against tuberculosis, and I have pursued this search, which has, of course, been often interrupted by my other occupations, perseveringly up to the present. In the belief that there must be a remedy for tuberculosis, I do not by any means stand alone.

Billroth has, in one of his last writings, expressed himself with all possible distinctness to the same effect, and it is well known that the same object is aimed at by many investigators. It seems to me, however, that the latter have not as a rule followed the right way in their investigations, inasmuch as they have begun their experiments on man. To that I ascribe the fact that everything which people have believed themselves to have discovered in that way—from benzoate of soda down to hot-air treatment—has proved to be a delusion. Experiments must in the first place be made not on man, but on the parasites themselves in their pure cultures; even if substances have been found which have the power to check the development of tubercle bacilli in the cultures, man should not forthwith be chosen as the subject of experiment. But the question whether observations which have been made in a test-tube hold good also in living animal bodies should first be settled in animals. Only if the experiments on animals have proved successful, should the method be tried on man.

Proceeding according to these rules I have in the course of time tested a very large number of substances to see what influence they would exert on the tubercle bacilli cultivated in pure cultures, with the result that not a few substances have the

power, even in very small doses, of hindering the growth of tubercle bacilli. More than this, of course, a remedy cannot do. It is not necessary, as has often been erroneously assumed, that the bacteria should be killed in the body; in order to make them harmless to the body it is sufficient to prevent their growth, their multiplication.

. I have proved the following substances to be remedies which hinder such growth even in very small doses (to mention only the most important): A number of ethereal oils; among the aromatic compounds, naphthylamin, paratoluidin, xyloidin; some of the so-called tar-dyes, namely, fuchsin, gentian violet, methyl blue, chinolin yellow, aniline yellow, auramin; among the metals, mercury in the form of vapor, silver and gold compounds. The compounds of cyanogen were especially conspicuous, their effect surpassing that of all other substances; even in a dilution of one to two millions they checked the growth of tubercle bacilli. All these substances, however, remained absolutely without effect if tried on tuberculosis animals.

In spite of this failure I have not allowed myself to be discouraged from prosecuting the search for growth-hindering remedies, and; I have at last hit upon a substance which has the power of preventing the growth of tubercle bacilli, not only in a test-tube, but in the body of an animal. All experiments in tuberculosis are, as every one who has had experience of them has sufficiently discovered, of very long duration; my researches on this substance, therefore, although they have already occupied me for nearly a year, are not yet completed, and I can only say this much about them, that guinea-pigs, which, as is well known, are extraordinarily susceptible to tuberculosis, if exposed to the influence of this substance, cease to re-act to the inoculation of tuberculosis virus, and that in guinea-pigs suffering from general tuberculosis even to a high degree, the morbid process can be brought completely to a standstill, without the body being in any way injuriously affected.

From these researches I, in the meantime, do not draw any further conclusions than that the possibility of rendering pathogenic bacteria in the living body harmless without injury to the

the latter, which has hitherto been justly doubted, has been thereby established.

Should, however, the hopes based on these researches be fulfilled in the future, and should we succeed in the case of the bacterial infectious disease, in making ourselves masters of the microscopic, but hitherto victorious, enemy in the human body, then it will soon also be possible, I have no doubt, to obtain the same result in the case of other diseases. This opens up an oft-promised field of work, with problems which are worthy to be the subject of an international competition of the noblest kind. To give even now some encouragement to further researches in this direction was the sole and only reason why I, departing from my usual custom, have made a communication on a research which is not yet completed.

Allow me, therefore, to conclude this address with the expression of a wish that the nations may measure their strength on this field of labor, and in war against the smallest, but the most deadly foes of the human race, and that in this struggle for the weal of all mankind one nation may always strive to surpass the other in the successes which it achieves.—*Phil. Medical and Surgical Reporter.*

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POINTS TO BE OBSERVED BY ELDERLY MALES.—Dr. R. Harrison (*Medical Press and Circular*) says:

1. To avoid being placed under circumstances when the bladder cannot be emptied at will. Nothing is so bad for a large prostate, though it may be working satisfactorily, as an enforced retention. It is often the first cause of a permanent atony.

2. To avoid checking perspiration by exposure to cold, and thus throwing additional work on the kidneys. In climates like our own, elderly persons should, both in summer and winter, wear flannel next the skin.

3. To be sparing of wines and of spirits (if used at all), exercising a marked diuretic effect either by their quantity or quality; select those which promote digestion without palpably affecting the urinary organs. A glass of hot gin and water, or

a potent dose of sweet spirits of nitre, will not do anything to remove the residual urine behind an enlarged prostate.

4. To be tolerably constant in the quantity of fluids daily consumed. As we grow older our urinary organs become less capable of adapting themselves to extreme variations in excretion. Therefore, it is desirable to keep to that average daily consumption of fluids which experience shows to be sufficient and necessary. How often has some festive occasion, where the average quantity of fluid daily consumed has been largely exceeded, led to the over-distension of a bladder long hovering between competency and incompetency. The retention thus occasioned by suspending the power of the bladder has frequently been the first direct step towards establishing a permanent, if not a fatal, condition of atony or paralysis of this organ.

5. It is important that from time to time the reaction of the urine should be noted. When it becomes alkaline or offensive, the use of the catheter may be necessary. When a catheter is required it is most important that its selection should not be left entirely to the instrument maker. There are other points to be considered beyond the fact that it is to serve as an artificial outlet for the urine from the bladder. An unsuitable catheter in a prostatic case may do much permanent harm.

6. Some regularity as to the time of performing micturition should be inculcated. We recognize the importance of this in securing a regular and healthy action of the bowels, and though the conditions are not precisely analogous, yet a corresponding advantage will be derived from carrying out the same principle in regard to micturition.—*The American Lancet.*

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SCARLET FEVER.—Prof. Atkinson, in speaking on scarlet fever, referred to a prescription that was given to him in his early days of practice :

R Pulv. digitalis fol.....3j  
 Aquæ bull.....f 3vj.

Misce.—*Fiat infusio et signe.* Give one teaspoonful every hour until you get the physiological effect, namely, lessened heart and pulse beat.

I have used it in many cases, and I am sure I am better able to cope with scarlet fever than without it, or with any other remedy. I never make any drug an adjuvant when I can make it a principal. In the use of digitalis I prefer the infusion, because it seems to me that you get more thorough antidotal effect to the scarlet fever, and it is more effective than digitalin or the tincture. A number of physicians have adopted this treatment, with a uniform good result. I claim that you are not so liable to have sequela, such as rheumatism, nephritis, and other complications, by the use of the infusion of digitalis, which is antidotal to the poison of scarlet fever. The moment the drug begins to produce an effect, the child begins to cool off, and the redness goes down and the heart ceases to propel the blood with such rapidity and force. When you have obtained the effect of the drug, continue its use by giving 3 ss every four or five hours. You must get the effect of the drug soon, or it is not worth anything, and it must be used from the very commencement of the attack, for the disease is so treacherous that you do not know when a mild case will assume a malignant type. I think by commencing it at first, according to symptoms, you may prevent the malignant effect. I have never seen a case of scarlet fever in which the infusion was used have dropsy as a sequel. I had one case where rheumatism occurred, but I explained this from the fact that the child had been taken from its warm bed and allowed to play in a cold entry. In many instances where the attack is mild I use digitalis for the first twenty-four hours, but where the symptoms have become rapid and bad, the point where good can be done is past. It is always safe to use it from the first, as it will not do any harm. Explain to the parents the nature of the remedy you are using, and explain to them its action, so that they can be guarded in its use, and not allow it to cause toxic symptoms. The doctor urged every student to try the remedy fairly, and report to him the results obtained.—*Med. Times and Register.*

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THE MANAGEMENT OF CORNEAL ULCERS.—The methods of treating corneal ulcers are various. The gravity of the cases

justifies the use of vigorous measures of treatment. Among the measures employed are scraping the ulcerated surface to remove the infecting material; the relief of tension of the anterior chamber by eserine; the external application of various solutions of bichloride of mercury; the use of mercurial ointments; the application of the galvano-cautery to the ulcerative surface. Any and all of these measures judiciously employed in proper cases have been attended by satisfactory results.

Dr. Edward Jackson in a paper read before the Pennsylvania State Medical Society, recommends the following plan as having proved most satisfactory in his hands. In general, it consists in scraping the infected material from the surface of the ulcer, and the destroying of that which cannot be removed mechanically by means of bichloride solution. The scraping of the ulcer is done by a corneal spud. After the soft tissue has been removed the purulent exudate is removed by squeezing the surrounding tissue. The scraping is renewed whenever any extension of the purulent infiltration is observed.

Immediately after the scraping he washes the surface of the ulcer with a solution of bichloride of mercury of from one to one thousand to one in three thousand.

Following, the patient is to have his eye thoroughly cleansed every one, two, or three hours, with a solution of mercuric bichloride one to three thousand or one to five thousand. Besides, two or three times a day the eye with closed lids is to be bathed in water as hot as can be borne.

The Doctor says that an experience of more than a year satisfies him of the excellence of the plan recommended.—*The American Lancet*.

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A TWO-HUNDRED-THOUSAND DOLLAR LIBEL SUIT.—Suit has been entered by William Radam, manufacturer of Radam's Microbe Killer, against the *Druggist Circular*, of New York, for two hundred thousand dollars damages, the largest amount so far as heard from that was ever asked for in a libel suit of this kind.

The pleadings show that the action is brought to recover damages claimed to have been done the business of the plaintiff by



an article published in the *Druggists Circular* for September, 1889. This article gave the result of an analysis of the Microbe Killer made by Dr. R. G. Eccles, a prominent chemist of Brooklyn, who stated that an identical preparation could be made by the following formula :

Oil of vitriol (impure).....	4 drams.
Muriatic acid (impure).....	1 dram.
Red wine, about .....	1 ounce.
Well or Spring water.....	1 gallon.

This mixture, it was alleged, could be made at a cost of less than five cents per gallon, for which Radam charged three dollars.

It was further alleged that while when properly used, sulphuric acid, the principal constituent of the Microbe Killer, was a valuable medicine, it was, when taken without due caution or advice, a slow but certain cumulative poison ; and the theories advanced by Radam, as to the causes of diseases and the proper method of treatment, were alleged to be totally erroneous. Col. Robert G. Ingersoll, the famous lecturer, is the counsel for the plaintiff.

The *Druggist Circular* which is published at 72 Williams street, New York, expresses a desire to hear of any case in which unfavorable results have followed the administration of the Microbe Killer, or any other fact that would be interesting under the circumstances. They claim to have published this analysis without malice and with the sole intention of protecting the public from the loss of their health and money by the use of a dangerous nostrum.

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**iodoform in cold abscesses.**—Billroth strongly endorses the use of iodoform in the treatment of cold abscesses and tuberculous caries. He employs an emulsion composed of iodoform, pure, 10 parts, mixed with 100 parts of glycerin, the mixture to be well shaken before using. The abscess, being opened and evacuated, is then injected with this emulsion. The results are remarkably good, (of twenty cases eighteen were well cured). The method has been practiced on almost all the bones and soft parts of the body, and in nearly all these cases results were obtained far surpassing all previous experience. The *technique* is

as follows: Complete antiseptic precautions are adopted. Es-march's bandage is used when operating upon the extremities; after the abscess has been emptied by a free incision it should be taken off. The cavity is then stuffed with iodoform gauze, and after all bleeding has ceased, (it may last from half to three-quarters of an hour), the emulsion is poured in, and the wound stitched up. If there is a cavity in a bone, this is carefully scraped and cleaned with a solution of sublimate 1.3000. If there is no pain or undue amount of fever, the dressing is not disturbed for two or three weeks. If the contrary is the case, the dressings are removed, the serum is pressed out, and slender drainage-tubes are introduced between the sutures. A new dressing is applied, which is removed after from three to seven days. When suppuration in the cavity and around the sutures persists, the disinfection has not been complete; in this case the stitches are removed, allowing the drainage-tubes to remain, and pure glycerin or iodoform emulsion in every second day. It was precisely the worst cases of very large abscesses, and numerous fistulæ, which gave in Billroth's hands the best results, not merely proportionally, but absolutely.—*Med. Index.*

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TREATMENT OF SNAKE-BITES.—In *Science* of August 22, 1890 (p. 107), it is stated that Prof. Kaufmann strongly condemns the use of large quantities of alcohol in the treatment of snake-bites, as he thinks it paralyzes and depresses the nervous system.

Now, the paralyzing and consequent depressing effect of alcohol in snake-bites is just wherein its medicinal or remedial value lies; for by this paralyzing effect tissue change and general metamorphosis of both the solids and fluids of the body are retarded, and the reactionary susceptibility of the system is blunted and benumbed, so that the venom is more slowly fed into the system, which is, by the paralyzing effects of the alcohol, rendered less susceptible to disturbing influences. Thus the *vis medicatrix naturæ* is given more time in which to eliminate, and in smaller quantities, the venom from the system.

This is another striking proof of the truth of the ancient

aphorism, "Do not allow your theories to interfere with your practice."—Q. C. Smith, of Austin, Tex., in *Science*, September 5, 1890.

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**A NEW AND RAPID TEST FOR SUGAR.**—A simple and ingenious test for saccharine in urine, by Dr. Becker, of Cairo, was brought before the Surgical Society of Vienna at its last sitting, by Professor Nothnagel. Ordinary visiting cards contain a considerable quantity of potash. Such a card is dipped with a solution of oxide of copper and dried. Sulphate of copper is then to be seen on the paper in minute crystals. Paper so prepared can be carried in the pocket. When urine has to be tested, a point of wood—match end—is dipped into it, or two or three strokes are made with it on the prepared paper. The paper is then passed two or three times over a lamp, and immediately the marks scored will take on a more or less distinct brown color if sugar be present. Normal urine does not cause any change it marked on the paper in the way described, and it is a useful way of confirming the proof, to test a sample of urine known to be free from sugar at the same time as a counter test. —*Canada Practitioner*.

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**APPLYING THE PROPER REMEDY.**—At a temperance meeting on one occasion an expert, wishing to illustrate the destructive action of alcohol, magnified a quantity of water and exhibited the organisms frisking and swimming about therein. While the beholders gazed spell-bound at the dreadful creatures,

Whose shape would make them, had they strength and size,  
More hideous foe than fancy can devise.

The lecturer, announcing that he would now proceed to show the effect of a drop of whisky on the monsters, carried out the experiment, with the result that the inhabitants of the aquarium forthwith curled up and died. Before the lecturer could point the moral he desired to draw, an intelligent old lady spectator intervened with the crushing comment, "Well, I shall never drink any water again without putting some whisky in it."—*Med. Index*.

CONTINUED FEVERS OF THE SOUTH.—Dr. W. W. Johnston (*Med. News*) says :

1 Enteric fever is a rare disease in the South in a typical or intense form.

2 There is a probable change going on in the type of enteric fever ; it is losing its typical character and is assuming a less typical and milder form.

3 Many cases of mild continued fever, which have no well-defined or characteristic symptoms, are cases of mild enteric fever.

4 While malarial continued fevers are found in the South, many so-called cases of "adynamic malarial fever," "remittent fever," etc., are in reality cases of enteric fever.

5 There is no good reason to believe that there is such a disease as typho-malarial-fever.

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ECZEMA.—Dr. Mackintosh gives the following as an ointment, which in most cases pretty nearly approaches the character of a specific: *R.* Bismuthi Sub-nitratis, 4 drachms ; Zinc Oxidi, 1 drachm ; Acid Carbolici Liquidi, 1-2 drachm ; Vaselini Albi, 2 ounces, *Ft. ung.* Or, *R.* Bismuthi Subnitratis, 3 drachms ; Zinc Oxidi,  $\frac{1}{2}$  drachm ; Glycerini (Price's),  $1\frac{1}{2}$  drachms ; Acidi Carbolici Liquidi, 20 minims ; Vaselini Albi, 6 drachms ; *Ft. ung.*

The latter ointment mixes into a beautiful enamel-like cream, which is cooling, and acts as a balm to the irritable skin. When constant tingling and irritation disturb the patient's rest at night the following lotion is said to be valuable: *R.* Bismuthi Sub-nitratis, 1 drachm ; Glycerini (Price's), 4 drachms ; Acidi Carbolici Liquidi, 12 minims ; *Aquæ Rosæ*, ad., 1 ounce. *M.* *Sig.*—Shake up and apply with a camel's hair pencil.—*Omaha Clinic.*

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PREVENTIVE INOCULATIONS AGAINST TUBERCULOSIS.—At the recent meeting of the International Medical Congress, in Berlin, Dr. Robert Koch made an address in which he asserted that he had discovered a method by which animals ordinarily

very susceptible to contract tuberculosis from inoculations of the bacillus were made capable of resisting such inoculations. The details of his method he did not make public. Stimulated apparently by this announcement, which is calculated to attract wide-spread attention, Drs. Grancher and Martin, of Paris, announced in the *Bulletin Médical*, August 20, 1890, that they also had devised a method by which these results could be obtained. —*Philadelphia Medical and Surgical Reporter*.

**PROFUSE MENSTRUATION.**—The following prescription, for cases of profuse menstruation, is quoted by the *American Practitioner and News*:

R Dialyzed ergotin.....10 drachms.  
 Glycerin ..... 5 drachma.  
 Salicylic acid..... 80 grains.  
 Distilled water.....2 1-2 ounces.

M. Sig.: One teaspoonful diluted with three teaspoonfuls of water, to be injected into the rectum after stool once daily.—*The Therapeutic Analyst*.

**GLYCERIN SUPPOSITORIES.**—The *Times and Register* (N. Y. and Phil.), October 5, 1889, says:

"The various Glycerin Suppositories in the market look very much alike, but differ greatly in their effects. Those made by Eli Lilly & Co. have proved uniformly efficient. They are enclosed in a curious membranous capsule, which is easily removed, and have no lead wrappers. For continual use, it is questionable if the lead wrappers may not prove injurious.

**FOR PRURITUS ANI:**

R Benz. oxid. zinc.....  
 Campho-phenique .....aa ʒ ss.

M. Sig.: Apply as often as necessary. The itching frequently disappears as if by magic.—*Medical Progress*.

**ALETIS CORDIAL.**—A. Rothrock, M. D., McVeytown, Pa., says: I have prescribed Aletris Cordial in a case of threatened miscarriage. The woman had had three miscarriages in five years. Some six weeks ago, she being in her fifth month of

pregnancy was attacked with hemorrhage, bearing down pains, and all other threatened miscarriage. I prescribed Aletris Cordial, which subdued the hemorrhage, bearing down pains, and all nervous symptoms that foreboded the old trouble, and at this time she promises fair to go to full term.

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**SWELLED TESTICLE.**—One of the best local applications for swelled testicle is a poultice composed of one part of tobacco to four of linseed meal. The meal furnishes the heat and moisture, while the tobacco usually relieves the pain in a short time. This same poultice is very soothing when applied over the pubes in cystitis.—*Kansas Medical Journal.*

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**FANCY DISEASES.**—"Diseases is very various," says Mrs. Partington. "Now old Mrs. Hayze has got two buckles on her lungs, and Mary Simmes is dying of hermitage of the lungs. One person has tonsors of the throat and another finds himself in a jocular vein, New names and new nostrils everywhere!"—*Kansas Medical Journal.*

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**A VALUABLE GENERAL TONIC FOR FEMALES.—**

- R. Syr. Hypophos. Comp.....4 oz.  
       Aletris Cordial (Rio).....4 oz.  
 M. Sig. Two teaspoonfuls before meals.

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**DYSPEPSIA, WITH NERVOUS DEBILITY.—Invaluable.**

- R. Fluid Hydrastis.....1 oz.  
       Celerina (Rio).....2 oz.  
 M. Sig. Teaspoonful before each meal.

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A MAN the other day was complaining to his butcher that the piece of meat sent him was so tough that his mother could not even chew the gravy.—*Kansas Medical Catalogue.*

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**SANDER & SONS' Eucalypti Extract (Eucalytol.)**—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures affected at the clinics of the Universities of Bonn and Griefswald.

## *Reviews and Book Notices*

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PRACTICAL SANITARY AND ECONOMIC COOKING, adapted to Persons of Moderate and Small Means. By MRS. MARY HINMAN ABEL, the Lomb Prize Essay. Published by the American Public Health Association. 12 mo., cloth, pp. 190. Price in cloth, 40 cents; paper, 35 cents, f890.

From the preface prepared by Dr. Irving A. Watson, Secretary of the Public Health Association, we make the following extract which we desire to most heartily endorse.

"The American public is to be congratulated upon this useful and valuable contribution to the needs of its great army of working people, made possible through the humanitarian benevolence of a private citizen. This was the fifth prize offered by the same citizen, through the same channel, for the noble purpose of ameliorating, in some degree, the hardships which befall mankind in the tireless struggle for existence.

That this essay may be placed in the hands of every family in the country, is his earnest desire as well as that of the Association; therefore a price barely covering the cost has been placed upon this volume. It is to be hoped, that Government departments, state and local boards of health, sanitary and benevolent associations, manufacturers, employers, etc., will purchase editions at cost, or otherwise aid in distributing this work among the people.

Although a copyright has been placed upon these essays for legitimate protection, permission to publish under certain conditions, can be obtained by addressing the Secretary.

We commend this volume to the public, believing it to be an unequalled work upon "Practical Sanitary and Economic Cooking, adapted to persons of moderate and small means."

The work can be procured by enclosing remittance of its small price to Dr. Irving A. Watson, Concord, N. H.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS, consisting of original treatises and reproductions in English of books and monographs selected from the latest literature of foreign countries, with all illustrations. 8 vo. leatherette, pp. 250. Published monthly. Vol. VII, No. 2, August, 1890. Price \$10.00 per annum; single copies \$1.00. Wm. Wood & Co., 59 and 58 LaFayette Place, New York, 1890.

The following articles compose the August, 1890 number of this valuable series: "Morbid Blushing; its Pathology and Treatment," by Harry Campbell, M. D.; "Alcoholism in Women," by Dr. Thoment; "The Different Methods of Lifting and Carrying the Sick and Injured," by G. H. Darwin, M. D.; "Treatment of Ingrowing 'Toe-nail,'" by Joseph Amiard, M. D.; and "Chronic Bronchitis and its Treatment," by Wm. Murrell, M. D. A very good number, indeed.

A NEW MEDICAL DICTIONARY, including all the Words and Phrases used in Medicine, with their proper Pronunciations and Definitions, based on recent Medical Literature. By GEORGE M. GOULD, B. A., M. D., Ophthalmic Surgeon to the Philadelphia Hospital, etc. With Tables of the Bacilli, Micrococci, Leucomaines, etc., of the Arteries, Muscles, Nerves, Ganglia and Plexuses; Mineral Springs of the U. S., Vital Statistics, etc. Small octavo, 520 pages. Half Dark Leather, \$3.25; Half Morocco, Thumb Index, \$4.25. Philadelphia: P. Blakiston, Son & Co.

This is a compact, concise vocabulary, handy in size, based upon recent medical literature and is reliable. It is not a mere compilation from other dictionaries. The definitions have been made by the aid of the most recent text-books in the various branches in medicine, and it will therefore meet the wants of every physician and student. It includes several thousand words not contained in any other work of its size, and until the present year, not in any other Medical Dictionary.

Notwithstanding the vast growth of medical literature during the past decade, there has been no dictionary accessible to the physician and student that has kept pace with the coinage of new words and terms. The whole science of medicine has been



largely revolutionized within a score of years, the growth of specialism in itself increasing the vocabulary by some thousands of words; and yet the busy practitioner or student has been offered no compact, thorough dictionary to which he could turn for a definition absolutely necessary to the proper understanding of the article he might be reading.

This is in every way a most excellent work, fully as complete as more voluminous and more costly works, and we can confidently predict for it an extensive demand.

**DRS. BOURNEVILLE AND BRICON'S MANUAL OF HYPODERMIC MEDICATION.** By G. ARCHIE STOCKWELL, M. D., F. Z. S.; Member of New Sydenham Society, London. 12 mo., Paper; Price, 25 cents. Geo. S. Davis, Publisher, Detroit, Michigan, 1890. (Physicians' Leisure Library Series).

The *Manuel des Injections Sous-cutanées* of Drs. Bourneville and Bricon has achieved such notable success on the Continent and in Great Britain, that no apology is required in introducing a modification thereof to cis-Atlantic practitioners, especially as there are no works in the English language devoted to this subject at present available. With the exception of Bartholow's Manual, out of print since 1884, and Eulenburg's essay in Ziemssen's Handbook of Therapeutics, nothing has been published in this country within recent years.

This work possesses the advantage of being very complete, well up to date, and above all, of pointing out certain disadvantages that are liable to accrue from practice of this branch of therapeutics.

**PHILOSOPHY IN HOMŒOPATHY.** By CHAS. S. MACK, M. D., Professor of Materia Medica and Therapeutics in the Homœopathic Medical College of University of Michigan, at Ann Arbor. 12 mo. flexible Cloth, pp. 174. Gross & Delbridge, Publishers, 48 Madison St., Chicago, Ill., 1890.

There may be method in madness, but so far, even by reading pretty thoroughly and carefully this little work of our deluded brother, we have failed to find any reason in the infinitesimal vagaries. However, if any one of our friends want to look into the matter from Dr. Mack's standpoint, they will know where to get this little brochure.

## *Editorial.*

### THE EARLY BIRD GOT THE WORM.

In our September number we had occasion to give our readers our opinion in regard to what we considered a very useful and excellent work on the subject of "Railway Surgery," written by Dr. C. B. Stemen. That our favorable opinion was correct has been demonstrated by like favorable notices in our many exchanges—with one exception. In addition to our regular exchange copy of the *Memphis Journal of the Medical Sciences* for September, we have received a marked copy. The marked copy having in its marked pages, in an out of the way place—for we have always heretofore, and even in this number, found its "Book Reviews" in the latter part of the Journal—under the Department of General Surgery, edited by Dr. W. B. Rogers, a Book Review in which Dr. R. proceeds to go for Brother Stemen in over seven pages of a caustic, if not correct critique.

Is it possible that Dr. R. has on hand a large mass of manuscript, the embodiment of his views on Railway Surgery—that, alas! is now flat, stale and unprofitable?

It seems to me that a "dickey bird" in the early spring months, when the daffodils and the violets first began to essay their fragrance on the air, had some such murmurings. "*Quien Sabe?*"

Dr. R. is disgruntled because 121 pages are taken from other writers. Let him take his Gross System, Agnew, Erichssen, Druitt, Holmes System, and what does he find but the compilations of their predecessors. Dr. Stemen has compiled the accepted facts in regard to Railroad injuries, which Dr. R. should know are peculiar and of a special character. The student and the practicing surgeon can here find in compact shape and concise working, the recent accepted teachings in regard to the special injuries that are of daily occurrence on our railway lines.

We cannot help but think that there is more envy displayed in this special Book Review than is due an to impartial criticism that pertains to true journalism.

We have not a single word to retract from our September notice of Dr. Stemen's book, which we republish in full, and only regret want

of space prevented our saying more. Anyhow we are glad to have an occasion to reproduce it. We said:

"A most excellent volume—yes, a book devoted to great interests. While we have each year productions and reproductions from the great surgeons of the world, it was left to Dr. Stemen to strike out on a new line and give us a volume devoted to the accidents and injuries to which all are liable in this traveling country. Railroad injuries are peculiar; the intense amount of shock, the crushing of bones, the laceration of soft parts, the exhilarations of a pleasant trip brought suddenly to a painful conclusion—unexpected and abrupt, the faces of strangers in whose hands we may fall, in lieu of wife, mother, father, brother or sister; there was certainly here an open field, which has been well cultivated by the Secretary of the National Association of Railway Surgeons.

There is not a man engaged in the practice of medicine and surgery, living in sound of the clang, clang, of the engineer's bell, or his most ear piercing whistle's shriek, that could make a better investment of his hard earned and more hardly collected dollars than by purchasing this book. It is a good book—a valuable work, a most interesting volume."

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#### TRI-STATE MEDICAL ASSOCIATION.

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The Second Annual Meeting of the Tri-State Medical Association of Alabama, Georgia and Tennessee will be held in Turner Hall, Chattanooga, Tennessee, on October 14th, 15th and 16th. It promises to be one of the most successful, profitable and entertaining meetings ever held in the South.

The program of the meeting is as follows:

TUESDAY, OCTOBER 14th.

9 to 10 A. M., Registration, Introduction and Hand-shaking. 10 to 12 A. M. Reports of Executive Committee and Officers. Reading of Papers.

AFTERNOON AND EVENING SESSIONS.

Reading of Papers.

WEDNESDAY, OCT. 15.—MORNING SESSION.

Reading of Papers.

AFTERNOON SESSION.

Election of Officers.

## EVENING SESSION.

Address of Welcome by Governor Robert L. Taylor. Response. President's Address, "The Doctor," J. B. Cowan, Tullahoma, Tenn.

The following is a partial list of papers.

President's Address, "The Doctor," J. B. Cowan, M. D., Tullahoma, Tenn.; Amputation of Hip in "Two Times Method," Duncan Eve, M. D., Nashville, Tenn.; Report of a case of Ulceration after Exsection of the Breast, L. G. Dozier, M. D., New England City, Ga.; Report of a case of Fracture of the Pelvis, with presentation of patient, W. T. Blackford, M. D., Graysville, Ga.; Case of Remarkable Injury with Recovery, presentation of patient, E. A. Cobleigh, M. D. Chattanooga, Tenn.; Report of a case of Gangrene of the Leg, W. L. Stephens, M. D., Dayton, Tenn.; Report of a case of Phlegmonous Abscess, C. H. Holland, M. D., Chattanooga, Tenn.; Report of a case of Cancrum Oris, W. P. McDonald, M. D., Hill City, Tenn.; Report of cases of Fracture at the Elbow Joint, Andrew Boyd, M. D., Scottsboro, Ala.; Neuralgia, W. L. Gahagan, M. D., Chattanooga, Tenn.; Morbid Reflex Neuroses Amenable to Surgical Treatment, Willis F. Westmoreland, M. D. Atlanta, Ga.; Abscess of the Liver, Richard Douglas, M. D., Nashville, Tenn.; Report of a case of abscess of the Liver, J. R. Rathmell, M. D., Chattanooga, Tenn.; Case of Gall Stones, E. E. Kerr, M. D. Chattanooga, Tenn.; Expert Testimony, Mr. Sydney B. Wright, Chattanooga, Tenn.; On all Sides a Learned Doctor, James E. Reeves, M. D., Chattanooga, Tenn.; The Dynamics of Mediumism, J. E. Purdon, M. D., Cullman, Ala.; A Contribution to the Study of the Continued Fevers of the South, Llewellyn P. Barber, M. D., Tracy City, Tenn.; A few Remarks on the Fevers of Middle Tennessee and their Treatment, J. C. Shapard, M. D., Winchester, Tenn.; Some Phases of Typhoid Fever as well as the abandonment of the Typho-Malariae, J. W. Russey, M. D., Rising Fawn, Ga.; Paper by Chas. W. Tangeman, M. D., Cincinnati, Ohio; Diagnosis of Corneal Affections—Flourescein, Frank Trester Smith, M. D., Chattanooga, Tenn.; Eye Strain, A. G. Sinclair, Memphis, Tenn.; Physiological Functions of the Nose, A. B. Thrasher, M. D., Cincinnati, Ohio.; Uterine Fibroma, J. C. Murfree, M. D., Murfreesboro, Tenn.; Some Irregular Forms of Epilepsy, with report of cases, W. C. Maples, M. D., Bellefonte, Ala.; Paper by F. W. McRae, M. D., Atlanta, Ga.; Dilated Cardiac Hypertrophy, with Nephritic Complications, W. C. Townes, M. D. Chat-

# A MENSTRUUM.

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Glycerinum Pepticum, a pure glycerin extract of the pepsin direct from the stomach, free from animal taste or odor and of wonderful activity, 12 m. digesting 2000 grains of egg albumen. Especially useful for physicians who require to dispense their own prescriptions; it mixes perfectly without precipitation with all proper fluids or media.

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tanooga, Tenn. ; Urethral Stricture and Its Complications, J. D. Gibson, M. D., Birmingham, Ala. ; Palliative Treatment of Fissure of the Anus and Stricture of the Rectum, John P. Furniss, M. D., Selma, Ala. ; Some Affections of the Rectum, L. J. Crouse, M. D., Cincinnati, Ohio.

## THE EXHIBITS

promise to be a very interesting feature of the meeting. The following is a list of firms who have to date applied for space :

Harry Wise & Co., Chattanooga, Tenn.  
 Henry Wampole & Co., Philadelphia, Pa.  
 Malted Milk Co., Racine, Wis.  
 Tarrant & Co., New York City.  
 Fairchilds Bros. & Foster, New York City.  
 Bowden Lithia Water, Bowden Lithia Springs, Ga.  
 Upjohn Pill Co., Kalamazoo, Mich.  
 Waite & Bartlett, New York City.  
 Sharpe & Dohme, Baltimore, Md.  
 Jno. Wyeth & Bro., Philadelphia, Pa.  
 Yale Chair Co., Canton Ohio.  
 Mellin's Food Co., New York City.  
 Voigt Bros, Chattanooga, Tenn.  
 McIntosh Battery and Optical Co., Chicago, Ill.  
 Pasteur Germ Filter, Chattanooga, Tenn.  
 Reed & Carnrick, New York City.

A fare of one and one third rate has been secured on all roads.

*Instructions.*—Procure straight tickets and procure from your ticket agent a certificate showing the purchase, form, and kind of ticket, rate, route, etc. Get Secretary of Association to endorse certificate. On return present to agent at Chattanooga for return ticket at one-third rate. On C. R. & C. R. R., buy round trip ticket. From some points it may be advantageous to purchase ticket to Lookout Mountain. North of the Ohio, Harvest Excursion Tickets will be on sale on the 14th, one fare for the round trip.

FRANK TRESTER SMITH, M. D., *Secretary*.

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 UPPER CUMBERLAND MEDICAL SOCIETY.
 

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C. K. Haggard, M. D., of Burkeville, Ky., President *pro tem*.  
 J. T. McColgan, M. D., Arcot, Tenn., Secretary.

## EXECUTIVE COMMITTEE.

- Kentucky, Pulaski County.—Dr. Cook, of Burnside, and Dr. Perkins, of Summerset.

Wayne County.—Dr. Cook, of Monticello.

Russell County. — Dr. Alex Jackman, and Dr. John Grider, Creedsboro.

Clinton County.—Dr. W. C. Keene, Albany, and Dr. Sam Long, Cartwright.

Cumberland County.—Dr. R. M. Alexander, Burkesville.

Monroe County.—Dr. E. C. Ray, Tompkinsville, and Dr. Tom Bedford, Centre Point.

South Carolina, Clay County.—Dr. D. B. Plumlee, Butler's landing, and Dr. W. M. Gray, Fox Springs.

Jackson County.—Dr. S. B. Fowler, and Dr. Sam Stone, Gainesboro.

Overton County.—Dr. L. Colquitt and Dr. B. Capps, Lyingstone.

Macon County.—Dr. E. Ellison, Red Boiling Springs, and Dr. Patty, Hillsdale.

Smith County.—Dr. Cornwall, Carthage, and Dr. King, Chestnut Mound.

Putnam County.—Dr. Martin, Cookville.

This Society will hold its first annual meeting at Celina, Clay Co., Tenn., Oct. 30, 31 and Nov. 1, 1890, and the subsequent meetings will alternate in the different counties of the Upper Cumberland Valley. Objects: Social, Scientific and Literary. All members of the regular medical profession of the Upper Cumberland are invited to attend and become members. Come and read a paper or discuss papers that are read. Come and meet your fellow-workers and exchange ideas. Come and bring your wife and enjoy yourself.

Members of the Executive Committee of the Upper Cumberland Medical Society will make the time and object of the meeting known to the physicians of their county and urge as many as possible to attend and read papers.

Physicians who intend to be present will please notify Dr. S. K. Pickens, Chairman of the Committee on Arrangement, Celina, Tenn., by postal card of the fact, and he will assign them quarters on their arrival.

Titles of papers to be read should be sent to Dr. J. T. McColgan, Secretary, Arcot, Tenn., at least one week before the meeting; address the same for further information.



FELLOW'S HYPOPHOSPHITES is one of our stand-bys. It contains the essential elements to the animal organization—potash and lime; the oxydizing agents—iron and manganese; the tonics—quinine and strychnine; and the vitalizing constituent—phosphorus, combined in the form of a syrup, with slight alkaline reaction; it differs in effect from all others, being pleasant to taste, acceptable to the stomach, and harmless under prolonged use; it has sustained a high reputation in America and England for efficiency in the treatment of pulmonary tuberculosis, chronic bronchitis, and other affections of the respiratory organs, and is employed also in various nervous and debilitating diseases with success; its curative properties are largely attributable to stimulant, tonic and nutritive qualities, whereby the various organic functions are recruited; in cases where innervating constitutional treatment is applied, and tonic treatment is desirable, this preparation will be found to act with safety and satisfaction. Its action is prompt; stimulating the appetite and the digestion, it promotes assimilation, and enters directly into the circulation with the food products. From its exerting a double tonic effect and influencing a healthy flow of the secretions, its use is indicated in a wide range of diseases.

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JAMES A. LYDSTON, M. D., Ph. G., late chief of the eye and ear department of the Pension Bureau, Washington, D. C., has been elected to the Chair of Chemistry in the Chicago College of Physicians and Surgeons.

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#### AMERICAN CLIMATOLOGICAL ASSOCIATION.

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The seventh annual meeting of this important organization was held at Denver, Col., Sept. 2nd, 3rd and 4th, ult., Dr. Charles Denison, President. It was in every sense a most satisfactory meeting, and among those reading papers, taking part in the discussions, and by their presence giving impetus to progress on this important sanitary and prophylactic line were to be found such men as Bowditch and Knight, of Boston; Carlin and Walker, of Philadelphia; Kellogg, of Michigan; Ingalls, of Chicago; Atkins and Fischer, of California; Reed, of Ohio; with a large representation of no less earnest men, if not so well known to fame, from other localities.

The address of welcome and other papers read by the able and talented President were highly appreciated. He in his own person

shows what has been done by a proper study and putting into practice accepted facts in climatological research.

The banquet at The Windsor was certainly an enjoyable feature, if one can rely upon the reportorial talent of the Denver newspapers, and from the amount of poetical quotations given to the public, the festive "nine" certainly had on their war paint.

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### CURABILITY OF HAY-FEVER.

In the *State Board of Health Bulletin*, (Tenn.), Dr. Daniel F. Wright, of Clarksville, a member of the Board, advocates the idea of the curability of this pestiferous malady. He thinks that by anticipating the annual recurrence of the disease and resorting to a locality free from its etiological factors for several consecutive seasons, the unfortunate individual will secure an immunity from his trouble that will be permanent. He speaks in high terms of Roan Mountain, (Cloudland), in upper East Tennessee, and from his article we submit the following extract:

"Let it not be supposed, however, that I am about to set forth the specific virtues of some new drug for this purpose, or even those of certain mineral waters impregnated with miraculous chemical ingredients. The only merits possessed by the waters here consist in their perfect purity, and the atmosphere is beneficial simply from its coolness, moisture, and its freedom from dust of all sorts, including that vegetable dust which is constituted of the pollen of various plants. Very few of the plants which constitute the Roan Mountain *flora* give any pollen to the atmosphere, by far the greater number consisting of *conifera*, *ferns* and *labiates*, while the great moisture of the air prevents the rising and diffusion of such as might otherwise irritate the nostrils of visitors. In short, the qualities of air and water are simply negative—they simply fail to supply the irritants which are elsewhere the exciting causes of hay-fever."

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### TWO ASSOCIATIONS TO MEET IN LOUISVILLE IN ONE WEEK.

The Mississippi Valley Medical Association will hold its annual session at Louisville, October 8, 9 and 10, 1890. An address will be delivered by Dr. John A. Wyeth, of New York, and a paper read by

Dr. Frank Woodbury, of Philadelphia. The President is Dr. Joseph M. Matthews, Louisville; Secretary, Dr. E. S. McKee, Cincinnati; Chairman Committee of Arrangements, Dr. I. N. Bloom, Louisville.

The American Rhinological Association will hold its annual session in the same building, Leiderkranz Hall, October 6, 7 and 8, 1890.

All leading subjects relating to nasal and naso-pharyngeal diseases will be opened for discussion by a leading fellow of the Association. The medical profession is cordially invited to attend.

The Secretary, Dr. R. S. Knode, Omaha, Neb., will furnish any information to physicians desiring to become members.

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### TO MUCH ANTIFEBRIN.

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SAN ANTONIO, TEX., September 16th.

O. W. Todson, recently from Henderson, Tex., died in a boarding house here to-day from an overdose of antifebrin. He had been accustomed to taking the medicine for neuralgia. He was 36 years old and unmarried.

Please call the attention of doctors to the fact of the wide-spread abuse of these coal-tar products; both by doctors and the laity.

AUSTIN, TEXAS.

Q. C. SMITH, M. D.

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A WELL-KNOWN remedy to all our old physicians is Tarrant's Seltzer Aperient. Its value as a safe, pleasant and effective saline aperient has been established for more than forty years. We direct the attention of recent graduates to this preparation, which they will find very valuable in the constipation of pregnancy, and as an alkaline saline in the treatment of rheumatic and gouty affections.

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THE INTERNATIONAL MEDICAL CONGRESS of 1890, held at Berlin, was composed of over 7,000 medical men, over 500 from the United States. The next Congress will be held at Rome, Italy.

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SANDER & SONS' Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Greifswald.

# CONTENTS FOR OCTOBER, 1890.

---

## ORIGINAL COMMUNICATIONS:—

Fallacies in Medicine. By J. S. Cain, M. D. . . . . 407

## SELECTIONS:—

International Medical Congress . . . . .	422
Koch on Treatment of Tuberculosis . . . . .	427
• Points to be Observed by Elderly Males . . . . .	429
Scarlet Fever . . . . .	430
The Management of Corneal Ulcers . . . . .	431
A Two-Hundred Thousand Dollar Libel Suit . . . . .	432
Iodoform in Cold Abscesses . . . . .	433
Treatment of Snake-Bites . . . . .	434
A new and Rapid Test for Sugar . . . . .	435
Applying the Proper Remedy . . . . .	435
Continued Fevers of the South . . . . .	436
Eczema . . . . .	436
Preventive Inoculations Against Tuberculosis . . . . .	436
Profuse Menstruation . . . . .	437
Glycerin Suppositories . . . . .	437
For Pruritus Ani . . . . .	437
Swelled Testicle . . . . .	438

## EDITORIAL, REVIEWS, ETC:—

Book Notices . . . . .	439
The Early Bird Got the Worm . . . . .	442
Tri-State Medical Society . . . . .	443
Upper Cumberland Medical Society . . . . .	445
American Climatological Association . . . . .	447
Curability of Hay-Fever . . . . .	448
Two Associations to Meet in Louisville in One Week . . . . .	448
Too Much Antefebrin . . . . .	449
Editorial Items . . . . .	449

# THE SOUTHERN PRACTITIONER.

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DEERING J. ROBERTS, M. D., - - Editor and Proprietor.

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Vol. 12.

NASHVILLE, NOVEMBER, 1890.

No. 11

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## *Original Communications.*

### EXTRACTS FROM THE MILROY LECTURES ON THE ETIOLOGY AND PREVENTION OF PHTHISIS.\*

*Delivered before the Royal College of Physicians of London.*

BY ARTHUR RANSOME, M. A., M. D., F. R. S.,  
*Physician to the Manchester Hospital for Consumption and Dis-  
eases of the Throat.*

We are now in a position to consider what is possible to be done, and what should be attempted, to prevent the disease from attacking both human beings and animals associated in some relation or another with human beings.

With regard to inherited tuberculosis or inherited vulnerability by the virus, if we were to accept Professor Baumgarten's theory of the chief mode of origin of the diseases, namely, by spores, that, like the pangenetic "gemmules" of Darwin, are implanted in us by our ancestors, and that may or may not re-

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\*From British Medical Journal.

main latent all our lives, we should, indeed, despair of ever casting out this plague from our midst; for, even supposing that it were possible either to prevent all consumptives from everything, or to keep their offspring under such conditions that the disease could not develop, it might still be transmitted through the second or third generation, and might break out at some frequent period. But it is quite otherwise with regard to inherited predisposition, if this consists, as we believe it does, mainly in a vulnerability only.

A father or a mother whose partner has died of phthisis, and who has been left with children to bring up, may certainly hope to save them from the fatal inheritance, especially if the children have not been suckled by a consumptive mother; a well drained, high and airy site for the dwelling; entire cleanliness of house, clothing, and person; fresh air and light; abundance of good food; due exercise and rest; care during illness, and so on. I would, however, especially emphasize certain details of the hygienic code: thus, that milk and easily digested fats should form an adequate part of the dietary, and that the milk in every case where there is a tendency to tubercle should be scrupulously boiled, and in some cases peptonized or used as koumiss or junket. Free ventilation is especially needed in apartments occupied by persons, whether children or adults, with a tendency to consumption.

Exercise should be such as to develop the chest as much as possible, not only by games—though this is the best method—but also by carefully graduated gymnastic exercises. It should also, as much as possible, be carried on in open air, and with as little dust in the atmosphere as practicable.

Especial care must be taken during and after the illness to which childhood is liable. After measles and whooping-cough thorough examinations should be made to see that there is no lingering affection of the lungs, and the chest is not left deformed in any way. The attendants should not rest satisfied with anything short of complete recovery, if this can by any means be attained, either by medical agents or gymnastic exercise, or by change of climate, and equal care must be exercised

after any of the exanthemata. Where enlarged lymphatic glands are left they must be regarded as a possible source of danger, especially when they are the sequel to some external eruption or sore.

Where the parents are rich care should be taken with regard to education; that it should not be overpressed, and that it should be carried on in well ventilated rooms; and if a boarding school has to be selected, it should be one on a high and dry site, and not only the schoolrooms, but the dormitories, should be inspected to see that there is sufficient cubic space.

If it should be necessary to choose a business or profession, let it be one in which there will be but little office work, and as much out-door employment as possible.

Something more needs to be done for children of the poor by various public bodies, especially in the direction of securing better methods for the warming and efficient ventilation of the schools.

With regard to chest affections, however, I think we may use some discrimination in selecting cases that must be submitted to the restrictions it is needful to impose upon those most prone to phthisis. Thus, it is necessary that, during attacks of acute bronchitis, pleurisy, broncho-pneumonia, and other inflammatory complaints, care must be taken to secure the complete resolution of the disease.

After all these complaints, and especially after pleurisy, there is undoubtedly danger so long as there remains any contraction of the chest and want of full expansive power. It is well known how frequently phthisis follows pleurisy, and although this may in some cases be due to the fact that the pleurisy itself is of tubercular origin, in others the tubercular infection is grafted upon the injured organ at a period too remote from the original disease for it to have been its immediate precursor.

I have been in the habit of testing the movements of the chest with the stethometer in most forms of pleurisy, and in all cases where these movements are impaired by the attack I have formed an unfavorable prognosis, an opinion that has only too often been confirmed by the result, though in several cases the

supervening phthisis has been some years before it has made its appearance. There seems to be less reason to dread the occurrence of phthisis in chronic bronchitis, asthma, emphysema; but I cannot altogether share the opinion of Rokitansky as to the immunity enjoyed by sufferers from the latter complaints, as I have several times seen their association with phthisis. I should imagine also that in the partial emphysema that arises from atelectasis or impairment of certain portions of the lung a deposit of tubercle is only too likely to take place in the portions thus injured.

Still greater danger is also acknowledged to arise from accidental hæmorrhages into the lung tissue. Although hæmoptysis is frequently only a sign of incipient tubercular disease, I am convinced that this is also sometimes simply its precursor, and the resulting phthisis has in my experience been more acute in its course. In this class of cases the stethometer has been of no assistance in prognosis. I may remark here that as an additional precaution against infection in this class of cases, and in all in whom there is a predisposition to phthisis, and when its subjects are obliged to attend crowded assemblies of any kind, I have been in the habit of recommending the temporary use of respirators charged with eucalyptol so as to minimise the danger of inhaling tuberculous material.

I need not linger over the precautions that should be taken in the case of dusty work, especially such as involves the production of sharp irritating particles. It is probably still hopeless to expect that workpeople will use respirators to catch the dust on its way to the mouth, but fans are now almost universally employed to sweep it away from the worker. It would, however, be a good thing if these people could be more frequently warned of the necessity of attending to the first beginnings of lung trouble, as we know that in their first inception many of these cases are not tuberculosis.

With regard to the ingestion of tuberculous food, it is probable that too great laxity prevails in the inspection of butcher's meat, and that its sale should be subject to more stringent regulation than it now has in our large towns. In France, by a de-



cree passed in July, 1888, it is provided that "wherever the tubercular process affects the lining membrane of the chest or abdomen the entire carcass shall be condemned." But in most other countries it is considered sufficient, when the disease is entirely local, and not generalised, to cut out the diseased parts and suffer the meat to be sold if otherwise sound and the beast well nourished. Professor Koch himself thinks there is no danger in this practice, and this opinion is shared by Cornil and Dujardin-Beaumetz in France, Nosotti in Italy, and by von Wesener in Germany. But most of these opinions are based upon the idea that the meat in question should be well cooked; and it seems to me desirable that the Prussian practice should be followed of plainly labeling meat that is regarded in the least degree suspicious by the inspector, who should not suffer it to be sold without a caution to the buyer. Still more decided precautions should be taken with regard to milk from tuberculous cows. Its power of conveying tubercle is fully proved, and its sale should be prohibited. Probably many more cases of infection from this source would occur in towns if it were not for the fact pointed out by Bollinger, that the mixing of the milk of many cows diminishes by dilution the risk of conveying the disease.

By Section 9 of the Contagious Diseases (Animals) Act of 1886 (amending the Act of 1878), the powers of the Privy Council respecting the inspection of cattle and sanitary precautions relating to milk are transferred to the Local Government Board, and local authorities are empowered to make regulations respecting these points. Unfortunately, tuberculosis is not included in the definition of disease in the Act, and the Departmental Committee on Pleuro-pneumonia and Tuberculosis report in 1888 that, "although in England and Ireland, under the provisions of the Nuisance Removal Act (as embodied in the Public Health Act, 1885), the medical officer of health or inspector of nuisances may seize the tuberculous animals, yet such seizure is rarely performed. The case with regard to milk is even more unsatisfactory. It is doubtless now the duty of rural sanitary authorities to supervise all dairies and cowsheds, and to prevent the export of possibly tainted milk; but again, there is

no direct provision against the supply of the milk of the tuberculous cows ; moreover, the local boards of places where milk is produced are not necessarily in union with the authorities of the places where it is consumed, and the members of the rural local boards are often unwilling to offend the farmers and others by whom they are elected, and are not likely to take much care in the matter.

It is urgently necessary, therefore that the laws relating to the sale of the flesh of tuberculous cattle, and the milk supplied from them, should be amended without delay, and also that some concerted action should be taken by health authorities with reference to the sale of milk in towns.<sup>1</sup>

The next, and I believe the most important, media for propagating consumption, are the houses people dwell in and the rooms in which they congregate together. Architects and builders of all classes of dwellings have been in the past, and are still, largely responsible for a very large proportion of preventible mortality. It is only right that we should look to them in the future to rectify the mischievous construction, both of mansions and cottages and public buildings of all kinds, that have proved such a fertile source of disease, and especially of consumption. They must see to the exclusion of noxious ground air from houses, to the prevention of the harborage of dust, to giving sufficient copious streams of air without draughts, to the extraction of foul air as soon as it is produced, and to the provision of abundance of light. They are not left without help in this regard. In Sir D. Galton's excellent work on *Healthy Houses*, there are ample and detailed instructions as to how these several objects may be accomplished.

Local authorities, also, cannot plead ignorance in excuse for neglect. The model by-laws of the Local Government Board,

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<sup>1</sup> I am informed that several towns have obtained private Acts by which it is provided that their medical officers of health may inspect any dairies, etc., beyond their boroughs from which milk is supplied to them, and these provisions are included amongst the "model clauses" which may hereafter be the subject of general legislation ; but it is not apparent from these clauses that any power is given to inspect the cows themselves, in order to judge whether they are tuberculous or not.

if fully carried out, would, to a great extent, do away with the merely structural cases of phthisis. The whole of these by-laws are useful, but those relating to the width of the streets (4-8); height of buildings (19); space round houses (53-55); concreting of cellars and foundation (9-10); damp proof courses (17); quality of materials and fireplaces (11) (58); drainage (60), are of especial value in relation to our subject.

Much greater care should be exercised in respect to the warming and ventilation of public buildings. The openings for the latter purpose are, for the most part, quite inadequate, and the means of extracting foul air are often futile. It is a question also whether the methods used for introducing warm air do not generally devitalise it, and make it unfit for healthy respiration.

Numerous Acts of Parliament have been passed since the first Labouring Classes Lodging Houses Act of 1851; one in 1866 and another in 1867, and in 1868 a very stringent measure was passed, commonly called Torren's Act, but unfortunately it proved unworkable, owing to the absence of clauses giving sufficient compensation to owners of property. Then, in 1875, came the most important effort in this direction in Sir Richard Cross' Improvement Act, and it must be a source of no small satisfaction to the members of this College to know that this and other subsequent measures are mainly due to the representations made by them to the Legislature as to the need for such improvement.

Thorough as this Act was, however, it also was not found to work well in practice, and several large towns, notably Edinburgh and Glasgow and Manchester, preferred to obtain private Acts of their own to using the rather cumbrous machinery provided for them in it. Accordingly, amending Acts were passed in 1870, remedying defects both in Torrens's and Sir R. Cross' Acts, and in 1861 further efforts were made in this direction. Finally, in 1885, after a Royal Commission had sat upon the subject, and had reported that local authorities really possessed now ample powers, which, for the most part, they did not use, for improving cottage dwellings, a most important clause was in-

troduced into the Housing of the Working Classes Act, 1885, which made compulsory all that was only left permissive before in previous Acts.

This clause runs as follows: "Section 7, It shall be the duty of every local authority entrusted with the execution of laws relating to public health and local government to put in force from time to time, as occasion may arise, the powers with which they are intrusted, so as to secure the proper sanitary condition of all premises within the area under the control of such authority."

If the local authority does not carry out this law, then any complainant may apply directly for a *mandamus* to compel them to do so, without the necessity of appealing to the local Government Board.

In the matter of atmospheric impurities, cleanliness, light, and ventilation must be our chief resources.

It is interesting to note, as a result of Professor Carnelley's experiments,<sup>2</sup> that the influence of dirt as a fosterer of micro-organisms in the air has now been placed on a scientific basis. His conclusions are shown in the following table:—

*Effect of Cleanliness.*

		Space per person	Carbonic Acid	Organic Matter.	Micro-organisms.
		Cubic feet.			
One-roomed houses	Clean .....	295	7.09	2.34	18
	Dirty .....	200	9.87	3.28	41
	Dirtier.....	221	10.66	2.42	49
	Very dirty.....	220	10.01	2.69	98
Two-roomed houses	Very clean.....	273	12.20	1.93	10
	Clean.....	264	9.34	1.87	22
	Dirty .....	283	9.40	2.08	69
Unventilated Board Schools	Clean .....	167	19.68	3.25	91
	Average .....	166	14.17	2.90	125
	Dirtier.....	191	22.47	2.73	198
Ventilated Schools	Very clean.....	194	12.50	2.26	3
	Clean .....	155	12.81	1.48	16
	Less clean.....	152	10.78	1.75	30

<sup>2</sup> Sir H. Roscoe's *Lecture on Ventilation in Schools*, p 12.

It will be seen that cleanliness produced a difference of 18 to 93 in the one-roomed houses, 10 to 69 in two-roomed houses, 91 to 198 in unventilated, and 3 to 30 in ventilated schools. And yet want of cleanliness is not solely responsible for the presence of organized germs. In badly ventilated schools micro-organisms increase up to a certain point with increase of wall and door space, whereas in mechanically ventilated schools where the air is quickly renewed the micro-organisms decrease with increase of cubic space. The total effect of scrubbing also was found to be nil. The scrubbing would remove the loose dirt but not the dirt ingrained into the wood floor. Another reason against the loose dirt being a main source of contamination is the fact that the infection of a school with micro-organisms takes place very gradually, new schools having much fewer than old ones, and similar results have been obtained by Miquel in new and old houses in Paris. Probably nothing short of total destruction would clear some of the older buildings from micro-organisms. Even if we suppose that all the precautions so far mentioned could be strictly carried out, much still remains to be done before we can exercise the demon of tuberculosis. People must be educated to take advantage of the arrangements that we may hope will be made for their comfort and well-being.

Hitherto we have been mainly occupied with the external precautions to be taken against absorbing the tubercular virus. We must turn now to those relating to the sufferer from consumption himself. Both the urine and *faeces* have been found to contain bacilli, and should, therefore, be disinfected, or otherwise safely disposed of. But we have seen that the most fertile source of infection in phthisis is probably the sputum of such patients expectorated on to the ground, on to floors, or into handkerchiefs, allowed to dry up, and in the form of dust permitted to lodge on the walls or in nooks and corners of dwellings, or to float about in the air of all kinds of public assembling rooms. Englishmen are rather inclined to sneer at the abundant provision made on the Continent for the reception of expectorated matter, but it might be well for us if we were more cleanly in this respect in this country.

But all such receptacles should be filled preferably with some liquid disinfectant or with sawdust that has previously been charged with some efficient disinfectant, and their contents, like those of the dustbins, should be scrupulously burnt, either on kitchen fires or in a furnace provided for the purpose by town authorities.

It would be well also if all phthisical patients would carry with them and use small portable spittoons that could be worn in the pocket. They can be made for a few pence, and can be lined with paper charged with disinfecting substances, and their contents could readily be consigned to the fire at convenient intervals.

*Disinfectants.*—Numerous experiments have been made to determine the best means of disinfecting tuberculous material. In Verneuil's *Etudes sur la Tuberculose*, Dr. P. Villemin gives the results obtained with a prodigious number of different chemical substances. It would be useless to name the hundred and one of these bodies that have either given negative results, or that have only somewhat retarded the development of the bacillus. He found however that the following ingredients mixed with the cultivating medium completely sterilized it in the proportions which he employed; they are: hydrofluoric and silicic acids, fluosilicates of potassium, sodium, and iron; ammonia, naphthol ( $\alpha$  and  $\beta$ ), polysulphuret of potassium, tartar emetic, and sulphate of copper.<sup>2</sup>

Dr. de Souza found that the following substances prevented all development; mercuric ethyl in the proportion of 1 in 35,000; benzoate of ethyl, 1 in 3,000; benzoate of methyl, 1 in 12,000 but menthol and iodoform had only a retarding influence. Schill

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<sup>2</sup> Amongst the class of substances that greatly retard the development of the bacillus, he places arsenious, boric, picric, pyrogallie, and sulphurous acids; benzoic, chloroform, creosote, hypophosphite of soda, iodoform, menthol, phenate of soda, salol, and toluene; and he places in a third category those substances in which growth took place, but with some difficulty. Amongst these we find acetone, aldehyde, biniodide of mercury, bromides of potassium, sodium, and ammonium, caffeine, camphor, chlorohydrate of ammonia, turpentine, eucalyptol, iodide of potassium, naphthalin, resorcin; sulphates of soda, magnesias, quinine, and zinc; thymol, and tungstate of soda.

and Fischer<sup>4</sup> found corrosive sublimate most efficient; Somani, and Brugnattelli<sup>5</sup> brom-ethyl, palladium, and mercuric chlorides; carbolic acid, creasote, naphthol, and saturated solutions of camphor in alcohol; lactic acid and turpentine.

Unquestionably tuberculous material cannot be left to take care of itself. The various natural disinfecting agents, with, perhaps, the sole exceptions of fresh air and light, seem to be wholly inadequate to deal with it.

M Galtier<sup>6</sup> has succeeded in inoculating tubercle with the juice of muscle from tuberculous animals after it has been raised for twenty minutes to temperature of 60° C., and for ten minutes to a temperature of 71°, temperatures which, he says, are not exceeded in the centre of a large piece of meat cooked on the grid-iron.

Dessiccation, putrefaction (for ten to twenty days), freezing at temperature from 3° to 8° below zero, C., alternate freezing and thawing—none of these conditions destroy the infective powers of tuberculous matter. He found, also, the urine of tuberculous animals was virulent, and he draws the conclusion "that it is indispensable to insist upon the disinfection of all objects soiled by tuberculous animals, of their excretions, of places they have occupied, of the dunghoops, etc., in order to prevent the dissemination of the disease, and its transmission to man."

At the Manchester Hospital for Consumption we have been in the habit of using for the spitcups a solution of mercuric chloride, 1 in 500, and I have also used "salufer," a fluosilicate introduced by Mr. W. Thomson, of Manchester.

If the stools and urine of the phthisical patients have to be disinfected, probably the best agents would be sulphate of copper, or sulphate of iron, or carbolic acid, but where the water-closets are used there is probably not much danger from this source.

It is recommended by Dr. Cornet and others that after the death of a phthisical patient, the rooms and bedding and clothes should be thoroughly disinfected, as after a death from contagious

<sup>4</sup> *Mitt. aus dem k. k. Gesundheitsamte*, Band 11.

<sup>5</sup> *Ann. Univ. di med. e Chir.* xxvii.

<sup>6</sup> *Comptes Rendus*, 106, p. 281, July 1887.

disease, and a thorough cleansing of the whole premises. There can be no doubt that this practice at present, so far as I know, limited to Italy and Spain—ought to be universal.

It becomes a serious question for the public and for the State, whether persons suffering from consumption, if they are “without proper lodging and accommodation” for preventing infection, should not be provided with asylums and hospital accommodation until the disease is either cured or ends in death.

Enormous sums have been spent in the past in the isolation of persons suffering from leprosy, a disease strictly analogous to phthisis, only still more chronic and less easy to control by such a method. It would certainly be far easier to cleanse away and destroy phthisical sputum than to prevent contamination from leprosy sores.

If a poor country like Norway can provide asylums for a large proportion of its lepers it is not too much to ask Great Britain to make the attempt to segregate those consumptives who are likely to be a source of danger to the community.

At the present time the accommodation for cases of phthisis is very small. They are entirely shut out from most general hospitals, although they are admitted as out-patients to all dispensaries, and are thus free to scatter abroad the infective material in places where many persons peculiarly prone to the disease are seen to congregate.

The special hospitals for consumption are very few in number; they may also be counted upon one's fingers. Thus there are in the metropolis four such institutions, including the great Brompton Hospital, and together containing 615 beds. At Bournemouth also there is the Ancillary Sanatorium with 62 beds. At Torquay 48, Ventnor 140, and St. Leonards 18, there are special hospitals with an aggregate of 206 beds. Possibly, also, at some of the numerous cottage hospitals cases may occasionally be taken in. The only manufacturing towns in England to which such hospitals are attached are Liverpool with 50 beds and Manchester with 37. The workhouse hospitals are the chief refuges for destitute consumptives, but Dr. Bridges informs me that there are no data from which to ascertain how many of them are thus accommodated.



I would ask that phthisis should be placed in the same list with other diseases requiring special measures to protect their spread. Although, as before said, phthisis is not directly contagious, I venture to contend that there would be nothing unreasonable in thus classing the disease.

My proposition briefly would be this—that phthisis should be classed with other infective disorders; that every case as soon as it is discovered should be notified to the medical officer of health. If necessary, it should be visited to ascertain whether proper care is, or can be, taken to prevent injury to the public health. Where the case is that of a poor person, the local authority should see to the regular cleansing and whitewashing of the premises, to the disposal of excreta, including especially the expectorated material. They should also inquire into, and rectify if necessary, the drainage and ventilation of the dwelling; and after death, special measures should be taken for the cleansing and disinfecting of house, bedding, and clothes. After all this had been done for the safety of the non-phthisical portions of the family, there would next come the question of the propriety or possibility of removing the sick person to hospital. So long as he or she could work, and so long as he would consent to use the necessary means for destroying the infective material, it would be unnecessary to do more than I have already indicated; but when the patient becomes unable to follow his employment, and the family are obliged to seek for assistance from the parish, he has a claim to be received into the workhouse hospital, and such an asylum should be offered to him, and should be made as little humiliating and as free from ignominy as possible. When such a hospital is efficiently administered—as it should be, and often is now; when the nursing is performed in a kindly fashion, on Miss Nightingale's principles, and the patient is not left to the ministrations of any able-bodied pauper, as is sometimes the case; and when appropriate care is taken for the cleanly disposal of excreta of all kinds, then there could probably be no better fate in store for the poor invalid, and he might even soon be restored to his family, and be able to return to his work.

And I would also put in a plea for those who are not reduced

to pauperism, but who could be removed to hospital to receive appropriate treatment in its wards. But there would still remain a wide field open to private benevolence, in the provision of sanatoriums or homes for those unfortunates.

I can conceive few objects better calculated to excite the compassion of all humane people than the condition of many of these poor sufferers who are shut out from the benefits of general hospitals. I can scarcely think that there would be much difficulty in raising the funds necessary for the care of such cases as are not yet reduced to pauperism, but who are really destitute of the appliances and comforts so necessary to a slowly fading life.

I do not hesitate to say that at present the hospital accommodation for cases of phthisis is most inadequate, and that in place of the half-dozen of such institutions outside the metropolis, there ought to be hundreds of them scattered about the country in suitable localities, and attached to all the chief centres of the population. The map of the distribution of leper houses in England shows what large provision was made for leprosy at a time when the population was not much more than one-tenth of its present amount, and it is possible that advantage might be taken of some of the funds left for that purpose, to apply them in the treatment of a strictly analogous and closely allied form of disease.

In conclusion, perhaps I may be allowed to say a few words as to the principles that should guide us in endeavoring to check the disease at its onset.

1. May I point out the unsatisfactory results that have arisen so far from the various researches that have been made for the purpose of killing the bacillus *in situ*? Of late years the efforts of many physicians have been directed to this object, and the treatment, whether by inhalations, by sulphuretted hydrogen injections, or by germicide medicines, has had the one principle of endeavoring to destroy the bacillus after its entrance into the lungs. I was myself at one time beguiled into making attempts in this direction, but I have long been convinced of the extreme improbability of our ever reaching the organisms in their hiding places in the lung.

Let us have "war to the bacillus," by all means, but it must

be war carried on outside the body, and not within it. When once it is entrenched behind the barrier of exudative material, its individual existence, so far as we know, is safe against all our attacks.

2. What we have to do, after preventing reinforcements from being poured in from the outside, is to combat the irritation and inflammation caused by its presence by ordinary antiphlogistic measures, and then by all the means in our power so to strengthen the bodily forces as to enable them to deal with the invaders. If these receive no accession from without, and if they can be prevented from generating poisonous matters more powerful for evil than themselves, they will generally succumb, either by starvation or by being dried up, or got rid of by ordinary necrosis and suppuration.

3. At the same time I would by no means discourage attempts to preserve adjacent structures and the rest of the body from attack. Certain of the inhalations most commonly used, such as carbolic acid, creosote, eucalyptus, oil of pine, menthol, iodine, etc., are probably of service in this direction, and some of them serve to control excessive secretion, and to render the mucous surfaces generally more healthy.

At the Manchester Hospital for Consumption a series of observations have been carried on for some years upon the action of different drugs, such as iodoform, the hypophosphites, guaiacol, creosote, tannin, and latterly upon the inhalation of pure ozonised oxygen; but it has been somewhat difficult to discriminate between the action of these substances and the general good influence of the hospital itself. Other workers in this field have also contributed evidence on this subject, but it is scarcely within the scope of this inquiry to attempt to sum up the results of these observations.

It may, however, be of some service if I remark again upon the inhalation of ozonised oxygen, which, so far as I know, has only been used as yet in the Manchester Hospital, so far with encouraging results. It was first tried in consequence of the well-known beneficial action of pure mountain and sea air, and it was thought possible that some of this benefit might be due to

the ozone contained in such air. After ascertaining that pure oxygen, when ozonised up to 9 or 11 per cent. might be inhaled in considerable quantities without exciting inflammatory action, it was administered regularly to fifteen patients in all stages of the complaint, and results were very marked in procuring improvement in general health, better appetite, sounder sleep, freedom from fever, and consequent gain in weight.<sup>7</sup> And yet it certainly had no obvious germicidal action in many of the cases; though the amount of expectoration was diminished, there was but little difference to be noted in the number of bacilli on the microscopic slides.

4. So far as I know all the attempts that have been made hitherto, chiefly in France,<sup>8</sup> to discover an antibacillary vaccine, with which to render the tissues antagonistic to the bacillus, have signally failed, and although I would not object to further researches in this direction, it appears to be hardly likely that they will be successful against a complaint in which one attack confers no immunity against a second.

5. Hitherto the best results that have been obtained in the care of consumption have been due to abundant supplies of fresh air and light,—to good food with a large allowance of fat in an easily assimilated condition, and to medicines that have assisted the general nutrition of the body. [A fact that has been sustained by the evidences of [the past.—ED. SOUTHERN PRAC.]

But if the question were to be addressed to medical men as to what single measure has done most towards the cure of consumption, I believe the answer would be almost unanimous in favor of change of residence. In many instances, no doubt, the improvement would be ascribed to change of climate, and sometimes Egypt or Algiers, sometimes Davos or Canada, or the Riviera would receive the praise. Much good must undoubtedly arise from the favorable conditions to be found in these places, but I venture to ascribe a large proportion of the cures to the simple fact of removal from an infected area to places where the air is free from active virus; and hence I am at one with those who

<sup>7</sup>See reports in *Med. Chron.* May, 1889.

<sup>8</sup>See especially papers by Gosselin, Jeannel, Laulanie, and Martin, in Verne's series of *Etudes Experimentales sur la Tuberculose*.

believe that healthy homes for consumptives may be found in this country.

From a review of the course of the complaint in the past, and of its affinities with other preventable disorders; from our knowledge of its pathology, and of the influences most favorable to its spread; from our experience of its steady diminution in the last thirty years, and from the brief summary of the measures that may be taken to arrest its course—from all these points we may surely learn to regard it as a preventible disease, and may look forward to its further diminution, if not to its ultimate extinction as a cause of death.

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### *Selections.*

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**THE TREATMENT OF DYSENTERY.**—I take as my text a statement made by James A. Whittaker, M. D., in his article on "Dysentery," in vol. ii. of Dr. Pepper's "System of Medicine," that irrigation of the large intestine and the thorough flushing out of its contents are now admitted as the most valuable method of treatment.

The object of writing this paper is to give practical endorsement to that statement. I have come to the conclusion, after frequent discussion of the subject, and from personal observation, that this method is not in such general use as one would suppose from such unequivocal testimony as the doctor brings forward. I desire to record my success with it after repeated trial, and trust that those who have made use of it will add their testimony to that already recorded, and that it may prove to all, as it has to me, a remedy to be relied on as sure and prompt in a disease, which formerly, in my experience, has won the reputation of rheumatism, in its odium and intractability.

To be of use, the enemata must be large and frequently repeated. In some cases I have used them at first every two hours, increasing the interval with the improvement; in others every four hours. As to the quantity, that must be measured, to some extent, by the tolerance of the patient. I find that it is well for

the physician to demonstrate this. People, as a rule, have a mistaken idea as to the capacity of the large intestine. If verbal directions simply are given, at the next visit it will be found that a few ounces are announced as a result of the trial. The measure of the capacity seems to be based on that of the external aperture, and the idea of danger is coupled with the introduction of more than a pint; a point well taken in chronic dysentery perhaps, where, no doubt, it would be dangerous to distend the walls of the intestine, weakened as they are liable to be by deep ulceration. But if the case be seen in the early stages, the quantity safely used will be measured by pints instead of ounces. The capacity of the large intestine, as a rule, is about six pints. Three or four pints will suffice in this treatment.

As to the temperature of the water, moderate warmth, as recommended by Dr. Roberts Bartholow, from  $100^{\circ}$  to  $105^{\circ}$ , I find most acceptable, except possibly in the first or second administration, when quite low temperature appears of benefit. I see to it that the water employed is distilled, when that can be obtained; otherwise boiled.

As to the instrument used, the common Alpha syringe, manufactured by Parker, Stearns & Sutton, serves good purpose. The fountain syringe needs to be used with care. People little know of the great hydrostatic pressure it brings to bear. The hand on the syringe-bulb is a better guide. The position of the patient on the right side, with the back to the nurse, is the most convenient. The introduction of the first few ounces is met by the patient with loud protests; these decrease with assurances of safety and benefit. I have never used medicinal substances in the water, except in one case, where alum proved of benefit. In chronic cases I have never pushed the treatment. I imagine that very few chronic cases will exist if the cases are treated locally from the beginning. So much for the local treatment. I use it from the first and persist in it. Its annoyance decreases with the repetition.

Now as to general treatment: I confine my patients to bed. I deprive them of food as much as possible, whiskey (well diluted), in small quantities, being allowed; this is food, is supportive,

and allows the lower canal much needed rest. Milk I do not use unless peptonized, and then only in very small quantities. Prepare it as you may; the excrement will be large if the quantity taken is. I rarely allow more than a quart in the twenty-four hours. If the patient will rest without food for forty-eight hours, I find it of great advantage. The fast, as a rule, is not a difficult one, the appetite being in abeyance. The liquid preparations of beef I do not use in intestinal involvement; with their concentrated salts they act as an irritant; they distress more than they benefit. Eggs, scraped beef, or, when these are objected to, the steak, roast and chop with bread, make up the dietary.

Certain medicinal measures by the mouth are of advantage. I administer a cathartic at the commencement of the case. If there be nausea, calomel in small and frequently repeated doses is the drug chosen, otherwise magnesium sulphate. Salol is then ordered and opium in some form if the pain demand. The former drug I esteem. I have used with advantage also naphthalin and hydrarg-corrosiv. chlorid.

As I said before, this treatment has given entire satisfaction in cases severe and mild. Let me relate one of the severest. During the past summer was the time of its occurrence. Its onset presented symptoms of such gravity as to excite just apprehension. The patient was a delicate lady. I was called to her in the night shortly after the attack began. She was in the fourth month of pregnancy. Temperature 105°; pain intense; vomiting; pulse very rapid; passages small and frequent, composed of blood and mucus. I announced the treatment, and was requested to see to the case personally until improvement should be marked. The patient retained two quarts of water by the second enema. Distilled water was used in this case. She was convalescent in four days and well in a week. No food was allowed for three days; she received whiskey alone. I was on hand to see to the case. Much of the first three days was spent in watching the patient. Calomel in one-twentieth grain doses quieted the stomach; morphia sulphate, by hypodermic method, the pain. Salol, in five-grain doses, was given after the third

day, when food was resumed. The condition of pregnancy caused additional alarm here. A number of cases I might record with similar good success. They would simply tire you and occupy valuable time unnecessarily. During the past month three fulminating cases came under my observation, and the record of success was the same with them.

To sum up: The treatment is simply the application of the antiseptic method—the rational and scientific treatment of a disease which exhibits itself mainly as an inflammation of the large intestine. There the havoc is wrought, much of the constitutional disturbance, I believe, being due to the absorption of septic products in that quarter which result from the inflammatory process. The enforcement of cleanness removes these, removes all irritants, reduces congestion—in fact, fulfils all the indications, and most of all proves practically what it presents to our minds theoretically.

A review of my past experience shows difficulty and discomfort with the ipecac treatment—in some cases alarming exhaustion.

Opium, notwithstanding the praises Dr. Austin Flint, Sen., has expressed as to its efficacy in this disease, I reserve as an adjunct, simply to quiet and relieve my patient. It has deceived me into the belief of convalescence when the case was progressing under it as a mask. Turpentine for a time may do good. It militates against the welfare of the stomach and the kidney, and is very apt to be cast into the waste-pipe by the patient soon after the physician's departure. Occasionally I have had a measure of success with it.

Of the use of suppositories I would say that in this form I have employed iodoform with more advantage than any other drug. Its field of application appears narrow.

It may be asked if I have used the irrigation-treatment in the case of infants. My answer is that my success with it in their case is as marked as in that of adults; in fact, I employ it to some extent in all their bowel disorders. A few ounces suffice with them, and do not require very frequent repetition. The characteristic of medicinal measures employed by me in their diseases is simplicity almost to a fault. I will say, in addition,



that in this disease, as in most of the acute troubles occurring in the digestive tract during the first year or so, the withdrawal of food for a time, or its diminution to a minimum, has proved of the greatest advantage. As to the diet in bottle-fed infants in sickness and in health, sterilized cows' milk with the cereals rice, barley and wheat have given better results, in my experience, than any of the "infants' foods" so largely manufactured at this present time. In addition to this, as a prophylactic measure, the protection of the surface of the body with woolen garments, light in texture, from one year's end to another, is a *sine qua non* in this climate, marked by such wide variations of temperature, from which not even the summer months are exempt.—H. A. Fairbairn, M. D., in *Brooklyn Med. Journal*.

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**BISMUTH AND GONORRHOEA.**—Bismuth has long been employed as an effective agent in the treatment of chronic gonorrhœa and so it is in a certain class of cases; but we are too apt to overrate a good thing and fall into a mechanical way of using it; hence my remarks concerning the use of bismuth as an urethral injection.

A young man consulted me with a case of gonorrhœa of about five weeks' standing. The disease responded readily to treatment, it being my custom to inject these cases at my office, twice daily, with a solution of the nitrate of barium, sulphate of zinc, or nitrate of silver, according to the requirements of the case. This patient carried with him in addition a suspension of the sub-nitrate of bismuth, injecting it three or four times a day. I had discharged the case as cured, directing the patient to continue his injections of bismuth, when at the end of a few days he presented himself, stating that he had a stricture, had great difficulty in passing water, and suffered much pain in the region of the anus.

On introducing a number twenty of the French scale no obstruction was encountered until the prostatic portion of the urethra was reached, when the sound abruptly stopped, inflicting much pain on the slightest pressure. After many attempts I was able to pass a number twelve soft instrument, which being withdrawn was found to contain bismuth, notwithstanding the fact that no injection had been used for five or six hours. That the

bismuth had accumulated and caked in the deep urethra was verified on the following morning by the passage of "*something sharp*," which proved to be a small piece of hard bismuth much resembling egg-shell in appearance. A few passages of the sound and discontinuance of the injection gave complete relief in a few days. I do not believe the patient ever had a stricture, but give bismuth the credit for the entire trouble. Consequently I have discarded the use of the agent in urethral work, fearing the mechanical production of stricture, and see very well how such a foreign body as a fragment of hard bismuth being introduced into the bladder might form an excellent nucleus for stone.—*T. L. Bennett, M. D., in American Practitioner and News.*

**A WORLD-WIDE BROTHERHOOD.**—It is a significant fact that medical science knows neither geographical boundaries nor national restraints. Millions of men may be under arms for the preservation of international peace, and yet the devotees of medicine from every land may meet in any domain, and under any flag, heartily reciprocate the kindest courtesies, and labor as brethren in a common effort for the alleviation of human ills, receiving on every hand a heartfelt welcome.

To the honor of the medical profession be it said, that the world has never seen such another manifestation of international comity as has just been witnessed at Berlin. The representation from all the principal nations was such as to command profound respect everywhere, and the influence upon the nations represented must have its beneficial influence. The courtesies awarded by the Germans to their French visitors will be sure of a generous response; America will surely be accorded a name and a place upon this planet, and the fact the center of medical achievement seems to be nowhere, and that its circumference is everywhere, will lead the way to more generous recognition of *genuine* work and worth regardless of clime or previous condition.

One of the mighty agencies for the unification of the nations will be the unification of their medical men. The international congresses are simply heralding the advance.—*Journal American Medical Association.*

**DIET AND DISEASE.**—More than twenty years ago Dr. Salisbury, of this country, began an investigation in regard to the faulty nutrition being a possible cause of disease, his attention being especially directed to the development of consumption.

More recently Pausnitz, a German authority, has gone into the same investigation, and has found that a man compelled to subsist for three days upon beans showed an unfavorable condition as regards nutrition. Pausnitz probably was not aware that Salisbury employed half a dozen able-bodied men to live on beans for a period of thirty days, and that during all this time he made careful chemical and microscopical examinations of the blood and excretions. Other observations of a like character were made covering a considerable period of time, and included a large number of diseases, but with the exception of a limited number of followers, Salisbury has made but few converts in this country. He is facetiously referred to as "the beef and hot-water man."

Dr. Cutter, of New York, is about the only one who has taken an active interest in the proceedings, but it is believed he will yet be able to create sufficient interest in the subject to attract the attention of others who would be only too glad to avail themselves of the great benefits which this method of alimentation affords, on account of themselves, as well as for their debilitated patients.

"There are more things in heaven and earth, Horatio,  
Than are dreamt of in our philosophy."

—*Medical Summary.*

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**THE INFLUENCE OF MENSTRUATION ON LACTATION.**—The question whether a menstruating mother should continue to nurse her child has been answered differently by many writers; some say it alters the quantity of milk, others the quality, and still others both quantity and quality. N. Davis, Vernois, Becquerel, and Emil Pfeiffer alone have considered this matter scientifically. Schilter (*Wien. Klin. Wochenschr.*, ii, 51, 52, 1889; iii, 4-5, 1890) has attempted to add some needed observations in this direction. The analysis of the milk, which con-

sisted of the determination of the fat, casein, total albumen and total solids, gave in the milk of nine mothers no differences in the quality when menstruating; indeed the differences were less than normally occurred at different periods of the same day.

The children of fifty nursing mothers, who menstruated within two and one-half months of their confinement, were examined as to their weight and general condition, and no material change was found during, or just after the period of menstruation. The author sets forth the results of his observations as follows: That after the sixth week menstruation does no harm to mother or child; before the sixth week hemorrhage or menstruation retards the birth of the child.

An outbreak of colic, dyspepsia, or enteritis during menstruation, is to be regarded as a mere coincidence, and should not be treated by changing the nurse, but by the usual methods.—*American Practitioner and News*.

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## *Reviews and Book Notices*

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**THE SCIENCE AND ART OF OBSTETRICS.** By THEOPHILUS PARVIN, M. D., LL. D., Professor of Obstetrics and Diseases of Women and Children in Jefferson Medical College, and one of the Obstetricians to the Philadelphia Hospital. Second Edition, revised and enlarged. 239 Wood Cuts and a Colored Plate. 8 vo. Leather, pp. 704. Price, Cloth \$4.25; Leather \$5.25. Lea Bros. & Co., Publishers, Philadelphia, 1890.

It is rare indeed and has been for the best part of the present century, that the imprint and characteristic title page of the publishing house of Lea Bros. & Co., and its predecessors away back to the days of Blanchard, Carey & Lea, could be found on other medical works that such as proved themselves to be *standard* in every sense of the word.

The fact of the transfer of Dr. Parvin from the Indianapolis Medical School to the University of Louisville, and subsequently to the chair made illustrious by the elder Meigs and his successors in renowned Jefferson Medical College, is satisfactory evidence

indeed, that he is a master of the obstetric art. One of the most graceful writers in all that bright galaxy that have given renown to American medical literature, it would be a work of supererogation indeed to attempt words of commendation in regard to the efforts and labors of his mind and pen.

Embodying the simplicity of Playfair, a casual examination shows that Parvin's *Obstetrics* is fuller and more comprehensive, and while equally as good for the tyro in obstetric study, it will help and aid a far greater number of practitioners who at any time may find themselves, or their patients in a tight place.

We cannot in the limited space of our publication attempt a full review of this excellent masterpiece of obstetric literature. Suffice it to say, that it is full, comprehensive, lucid and instructive, giving the accepted facts pertaining to this important branch of medicine and surgery up to the latest dates.

Yet we cannot help but allude to a single paragraph on page 571, that is a chapter in itself, on the subject of Lactation, in which this careful observer and earnest writer embodies most wholesome and satisfactory views—emphasizing his ideas with a quotation from Darwin's "*Descent of Man*" in a foot note which concludes with the following words :

"\* \* \* disease of these organs during maturity would lead to their becoming inactive."

In calling attention to this paragraph, we desire, even in a "book notice" to place upon record the following facts that have come under our own personal observation. In years past, a lady giving birth to children, in accordance with the dictates of fashion, placed her children, one of whom was a daughter, in the hands of a wet-nurse. This daughter, following her mother's example did likewise, and her two daughters, although both have given birth to children, have been unable to nurse them, though anxious to do so, by reason of positive absence of lacteal secretion, notwithstanding after each of their successive accouchments every known effort was resorted to. Verily "to those who have shall be given; and from those who have not, shall be taken away."

In the excellent arrangement of this work, we find it divided into Part I, *Anatomy and Physiology of the Female Sexual*

Organs; Part II, Pregnancy; Part III, Labor; Part IV, The Puerperal State; and Part V, Obstetric Operations., embodying in each part all the accepted and acknowledged facts pertaining thereto.

NO. 15.—**ESSENTIALS OF DISEASES OF CHILDREN.** Illustrated. By WILLIAM M. POWELL, M. D., Physician to the Clinic for the Diseases of Children in the Hospital of the University of Pennsylvania; Examining Physician to the Children's Seashore House for Invalid Children, at Atlantic City, N. J.; formerly Instructor in Physical Diagnosis in the Medical Department of the University of Pennsylvania, and Chief of the Medical Clinic of the Philadelphia Polyclinic. (Sander's Question Compend), 12 mo. Cloth, pp. 222. Price \$1.00. W. B. Saunders. Publisher, 913 Walnut street, Philadelphia, 1890.

This series of Question Compend are concise, without the omission of any essential facts. Handsome binding, good paper, and clear type increases their attractiveness.

Dr. Powell's little work is a marvel of condensation. It will be of great value to both student and practitioner in serving to recall some of the many facts in pædiatric science, which will occasionally escape the most retentive memory.

**OINTMENTS AND OLEATES, especially in Diseases of the Skin.** By JNO. V. SHOEMAKER, A. M., M. D., Professor of Materia Medica, Pharmacology, and Clinical Medicine, and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Philadelphia; Physician to the Medico-Chirurgical Hospital, etc., etc. Second Edition, revised and enlarged. 12 mo., Cloth, pp. 298. Price \$1.50. F. A. Davis, Publisher, 1231 Filbert Street, Philadelphia, 1890.

The following table of contents will give a general idea of this excellent little work of Prof. Shoemaker's which is *No. 6 in the Physicians Ready Reference Series.*

*Contents.*—Part I, History and Origin; Part II, Process of Manufacture; Part III, Physiological Action of the Oleates; Part IV, Therapeutic Effect of the Oleates; Part V, Ointments; Local Medication of Skin Diseases; Antiquity of Ointments;

**Different Indications 'for Ointments, Powders, Lotions, etc. Information about Ointments: Scanty, Scattered and Insufficient. Fats and Oils: Animal and Vegetable; their Chemical Composition. Comparative Permeability of Oils into the Skin; of Animal, of Vegetable. Incorporation of Medicinal Substances into Fats: (1) Mode of Preparation, (2) Vegetable Powders and Extracts, (3) Alkaloids, (4) Mineral Substances, (5) Petroleum Fats, Chemical Composition, Uses and Disadvantages, List of Official Ointments; Indications; Substances often Prescribed Extemporaneously in Ointment Form; Indications. A full index renders the book convenient for quick reference.**

**WOOD'S MEDICAL AND SURGICAL MONOGRAPHS, consisting of original treatises and reproductions in English of books and monographs selected from the latest literature of foreign countries, with all illustrations. 8 vo., Leatherette, pp. 250. Published monthly. Vol. VII., No. 3, September, 1890. Price \$10.00 per annum, single copies \$1.00. Wm. Wood & Co., 56 and 58 Lafayette Place, New York, 1890.**

Still keeping up with the past excellence of their valuable series of monographs, Messrs. Wood & Co., in their September number, present a most valuable contribution to medical literature in a monograph on *Insomnia*, by A. W. Macfarlane, M. D., who has thoroughly and well considered this subject, of so much importance to the American people in this day of hurry, hustle and bustle. The number also contains a full index to Vol. VII.

**A MANUAL OF MODERN SURGERY: An Exposition of the accepted doctrines and approved operative procedures of the present time. For the use of Students and Practitioners. By JOHN B. ROBERTS, A. M., M. D., Professor of Surgery in the Woman's Medical College of Philadelphia; Professor of Anatomy and Surgery in the Philadelphia Polyclinic; Lecturer in Anatomy University of Pennsylvania. 8 vo., Leather, pp. 800. Price, in Leather \$5.50; Cloth \$4.50. Five Hundred and One Illustrations. Lea Bros. & Co., Publishers, Philadelphia, 1890.**

"This treatise is the result of an effort to give the profession, in a condensed form, the accepted doctrines and approved procedures of Modern Surgery," says the able and talented author in his

modest preface; and in order to accomplish this, he has carefully consulted standard text-books, current medical literature, and the latest editions of monographs.

In this volume, as its title indicates, the author has endeavored to give a thorough exposition of the best surgical practice of the present time. Not relying on his own large experience, he has consulted the latest literature of all kinds bearing on his specialty, and has gleaned therefrom the opinions of the best authorities, and the methods of the most practical surgeons. The well-established facts of the science are clearly stated, but history, theories and untried innovations are rigidly excluded. The work is richly illustrated. In the selection of matter and in the consideration of the vast number of questions involved, the author has used his most critical judgement in the endeavor to render the work of the greatest practical advantage to both practitioners and students.

**PHYSICAL DIAGNOSIS AND PRACTICAL URINALYSIS.** An Epitome of the Physical Signs of the Heart, Lungs, Kidney and Spleen in Health and Disease. Edited by JOHN E. CLARK, M. D., Professor of General Chemistry and Physics in the Detroit College of Medicine. Forty-one Illustrations. Cloth, 12 mo., 200 pages; Price, postpaid, \$1.00. Illustrated Medical Journal Co., Publishers, Detroit, Mich.

In the arrangement of this work the object has been to present to the medical student and practitioner a systematic and condensed course of Physical Diagnosis and Urinalysis. The portion on Urinalysis will be found to consist of two parts, practical and reference. The editor believes there is a demand, in many medical schools and by many medical students, for a short, definite course of organic chemistry, touching alone on those subjects of every-day interest to the medical practitioner, such as the analysis of urine, chemical and microscopical; the examination of sputa, bile, blood, bacteria, etc.; methods for the quantitative estimation of the more important urinary constituents, normal and abnormal, such as urea, chlorides, sugar, albumen, etc. To meet these requirements the editor has compiled this volume.



**A NEW MEDICAL DICTIONARY:** Including all the words and phrases used in Medicine, with their proper pronunciation and definitions based on recent medical literature. By GEORGE M. GOULD, B. A., M. D., Ophthalmic Surgeon to the Philadelphia Hospital and Clinical Chief Ophthalmological Department German Hospital, Philadelphia. With elaborate tables of the Bacilli, Micrococci, Leucomaines, Ptomaines, etc.; of the Arteries, Ganglia, Muscles, Nerves and Plexuses; of Weights and Measures, Thermometers, etc.; and Appendices containing classified tables with their analysis, of the Waters and Mineral Springs of the United States, and tables of Vital Statistics. 8 vo. Cloth, pp. 519. P. Blakiston, Son & Co., Publishers, 1012 Walnut Street, Philadelphia, 1890.

This is a most excellent work both for the student and general practitioner, more especially if they are averse to paying the greater cost for larger and more elaborate works. They can find here all the various words and technicalities used in medical literature, with proper pronunciations and correct definition.

The various tables mentioned in title will be found of no little advantage, and the compactness and logicalness of arrangement, its conciseness in definitions, its elimination of the useless, and its convenience of size and price make it peculiarly valuable and serviceable. The mechanical execution of the work, paper, binding, etc., are excellent as is the case in all publications coming from the house of Blakiston, Son & Co.

**MEDICAL DIAGNOSIS, with Special Reference to Practical Medicine.**

A Guide to the Knowledge and Discrimination of Diseases. By J. M. DA COSTA, M. D., LL. D., Professor of Practice of Medicine and Clinical Medicine, Jefferson Medical College; Physician to the Pennsylvania Hospital; Consulting Physician to the Children's Hospital, etc., etc. Illustrated, Seventh Edition, Revised, 8 vo., Cloth, pp. 995; Price, \$6.00. J. B. Lippincott Co., Publishers, Philadelphia, 1890.

The seventh edition of Da Costa's Medical Diagnosis has been received from J. B. Lippincott Company. The work has undergone a thorough revision at the hands of its eminent author, and many chapters have been entirely rewritten, so as to indicate

all that has been added to our knowledge of disease up to the present time. A number of wood cuts are included, especially of such micro-organisms as have proved to be of practical significance in diagnosis. All the illustrations are original, and many are from sketches, or based on sketches, taken directly from cases of interest. There is no work more helpful to a young practitioner than this one, which has already been pronounced by eminent critics "the best book on diagnosis extant." Truly a standard and classical work.

A TREATISE ON HEADACHE AND NEURALGIA, including Spinal Irritation and a disquisition on Normal and Morbid Sleep. By J. LEONARD CORNING, M. A., M. D., Consultant in Nervous Diseases to St. Francis Hospital; Fellow of N. Y. Academy of Medicine, etc., etc. With an appendix: Eye Strain, a Cause of Headache. By David Webster, M. D., Professor of Ophthalmology in the N. Y. Polyclinic; Surgeon to the Manhattan Eye and Ear Hospital, etc., etc. Illustrated. 8 vo., Cloth, pp. 259. Second Edition; Price \$1.75. E. B. Treat, 5 Cooper Union, New York, Publisher, 1890.

The first edition of Dr. Corning's treatise was well received by the profession, and commanded favorable comment from all quarters. The second edition, which is a decided improvement on the first, is greatly enhanced by the addition of the appendix, by Dr. Webster, on "Eye-Strain in its Relation to Headache." The large clear type, good paper, and general mechanical execution of the work, is a clear indication that its readers will not be "treated" to eye-strain, notwithstanding they may be absorbed in its pages from title page to conclusion of appendix.

TRANSACTIONS OF THE FIFTY-SEVENTH ANNUAL MEETING OF THE MEDICAL SOCIETY OF THE STATE OF TENNESSEE, Memphis, 1890. 8 vo. Cloth, pp. 226. Published for the Society by the Times Publishing Co., Chattanooga, 1890.

Nearly six months have elapsed since the meeting of the Society was held in Memphis, and we are just now in receipt of the Transactions. While the authors of papers are allowed thirty-one days after the meeting in which to hand in their papers, the

succeeding thirty days are, or should be quite long enough a period in which to get out the Transactions. On more than one occasion it has been done, and certainly it can be done again.

The volume for 1890, while not quite so large as some of its predecessors, contains quite a number of most excellent papers and addresses, together with a brief synopsis of the discussions thereon.

We are gratified to see that the proof-reader has done his work fairly well, and the general mechanical execution speak fairly well for the publishing interests of the bustling city of Chattanooga.

**INTESTINAL DISEASES OF INFANCY AND CHILDHOOD, PHYSIOLOGY, HYGIENE, PATHOLOGY AND THERAPEUTICS:** By A. Jacobi, M.D., Ex-President N. Y. Academy of Medicine; Clinical Professor of Diseases of Children in the College of Physicians and Surgeons, New York. Vols. I and II. 12 mo. Paper, pp. 266. Price 25 cents per volume. Geo. S. Davis, Publisher, Detroit, Mich., 1890. (Physician's Leisure Library Series).

Dr. Jacobi has long been recognized as one of our progressive authorities in the consideration of the diseases and disorders of childhood. The medical profession can but feel grateful to him for this valuable addition to its important literature, and also more than grateful to that prince of medical publishers who has placed such valuable matter in the reach of the most moderate purse.

**A COMPEND OF SURGERY for Students and Physicians, (Quiz Compend No. 9).** By ORVILLE HORWITZ, B. S., M. D., Demonstrator of Anatomy in Jefferson Medical College; Chief of the Out-Door Surgical Department of Jefferson Medical College Hospital, and late Resident Surgeon Pennsylvania Hospital. 12 mo. Cloth, pp. 206. Third Edition, revised, enlarged and improved, with Ninety-one Illustrations. Price \$1.00. P. Blakiston, Son & Co., Publishers, 1012 Walnut Street, Philadelphia, 1888.

The Quiz Compend of Messrs. Blakiston, Son & Co., are constantly revised to keep up with the latest teachings and discoveries, so that they contain all the new methods and principles.

No series of books are so complete in detail, concise in language, or so well printed and bound. Each one forms a complete set of notes upon the subject under consideration.

**EPILEPSY:** Its Pathology and Treatment, being an Essay to which was awarded a prize of Four Thousand Francs by the Academie Royale de Medecine de Belgium, December 31, 1889. By HOBART AMORY HARE, M. D., (University of Penn.) B. Sc., Clinical Professor of the Diseases of Children and Demonstrator of Therapeutics in the University of Pennsylvania, etc., etc. 12 mo., Cloth, pp. 228. (No. 7 Physicians and Students Ready Reference Series). Price \$1.25. F. A. Davis, Publisher, 1231 Filbert Street, Philadelphia, 1890.

This admirable essay was deemed worthy by the Royal Academy of Medicine of Belgium, of a prize of four thousand francs, and is fairly representative of the views held as most correct by the best minds in the profession. The author has endeavored to separate the good material in literature from the vast amount of superstition and nonsense to be found in connection with this disease. It is well and carefully prepared, and can but prove of material aid in the care and treatment of so grave a condition.

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## *Editorial.*

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### THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

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Dr. E. S. McKee, of Cincinnati, send us the following brief note of the late successful and satisfactory meeting:

The sixteenth annual meeting of the Mississippi Valley Medical Association held at Louisville, October 8th, 9th and 10th, was the most numerously attended of the various successful meetings of this society. The programme contained over eighty papers and required rigid enforcement of the limit rule in order for its completion on the third day. Dr. John Wyeth's address was a masterly effort filled with wit and the wisdom of his years of surgical experience. A Southern man by birth and having graduated at Louisville, special honors were heaped upon him. He operated at the Medical Department of the

University of Louisville before an interesting gathering of physicians, showing his method of bloodless amputation of the hip-joint. Reception given by Drs. Yandell and Roberts was highly enjoyable. The visiting ladies were taken out to the Blind Asylum one afternoon and entertained by songs by the pupils, and gymnastic exercises, etc. A reception at the Galt House called out all the far-famed belles of the Fall City. Some of the bachelor doctors remained after the meeting had closed and the staid married men had departed, as the result of the bright smiles of Kentucky's fair daughters.

The only thing which marred the occasion was the illness of Dr. Matthews, the President. He has been suffering for some weeks from blood poisoning caused by a wound and was unable to preside at but few of the sessions. The Second Vice-President, Dr. C. R. Early, of Ridgeway, Penn., filled the chair in his absence. The First Vice-President, Dr. T. S. Harvey, of Indianapolis, had deceased since the last meeting. Officers elected for the coming year are: Dr. C. H. Hughes, St. Louis, President; Dr. J. H. Hollister, Chicago, First Vice-President; Dr. S. S. Thorn, Toledo, Second Vice-President; Dr. E. S. McKee, Cincinnati, Secretary; Dr. I. N. Love, St. Louis, Chairman Committee of Arrangements; Dr. C. F. McGahan, Chattanooga, Treasurer. Judicial Council: Dr. Murdock, of Pennsylvania, Dr. H. H. Mudd, St. Louis, Dr. D. H. Griffiths, Springfield, Ill., Dr. A. M. Owen, Evansville, Ind., Dr. Xenophon Scott, Cleveland, O., Dr. H. O. Walkar, Detroit, Dr. D. S. Reynolds, Louisville. The next meeting will be held at St. Louis, the third week in October, 1891.

From an editorial in *The Lancet-Clinic* of Oct. 18th, we get the following. "The sixteenth annual meeting of this all but national organization is over. The scientific work of the session was excellent, many of the papers being of a very superior order, and the discussions manifested a degree of right up to the times, information that speaks very highly for the participants.

It was the common regret of every one that the President, Dr. Matthews, was on the invalid list, from a septic wound in the hand that had confined him to his room and bed for a month; his first outing was to the opening of this meeting, when he exerted himself to the utmost in delivering a brief, but not the less cordial welcome to the members. A single remark is worthy of note, that "the busy men of the profession were there, while most of those who have little to do were absent." This is characteristic of the material and make

up of all such organizations as this. The professional working men have time to attend such meetings, they have time to write papers and books. They are the omniverous readers of medical and other scientific journals, as well as the current literature of the day.

A paper on "Mechanical Obstruction in Diseases of the Uterus," by Dr. Geo. Hulbert, of St. Louis, and one on the "Surgical Treatment of the Uterine Fibroids," by Dr. R. S. Sutton, of Pittsburg, elicited a very animated discussion.

Dr. I. N. Love, of St. Louis, read a paper on "Coffee, its Use and Abuse," in which he graphically depicted the value of this almost universally used berry as a nutrient as well as stimulant. "Treatment of Fracture of the forearm by Different Methods" was discussed in an able paper by Dr. X. C. Scott, of Cleveland. Dr. Ohman-Dumesnil, of St. Louis, narrated a case of "Phino-Plasma," with operation, while one of the best papers of the meeting was on "Chronic Diseases of the Joints," by Dr. J. Ransohoff, of this city. Dr. H. C. Dalton, of St. Louis, reported a series of cases with "Treatment of Penetrating Stab Wounds of the Abdomen."

"Torsion of the Arteries, as a Means for the Arrest of Hemorrhage," by Dr. J. B. Murdock, is the title of an able paper in which the author takes the most advanced ground in his advocacy of the use of this expedient even in the case of high amputation of the thigh, pronouncing this to be Nature's method for the arrest of hemorrhage from injury to blood vessels. That it was efficacious he knew from its use in many hundred instances, and was very much surprised that surgeons of large reputation, who are familiar with the method of its performance, still adhere to the ligature. He applies torsion to the largest vessels, and sleeps serenely in the belief that there will be no secondary hemorrhage.

Dr. C. H. Hughes read a very valuable paper on the "Psychic Sequences of an Entailed and Chronically Acquired Alcoholism."

In the evening Drs. Wathen, Yandell and Roberts gave very handsome receptions to the members.

An excursion to the Blind Asylum, participated in by a few of the members, was one of the most interesting of entertainments. To tell of the patient and laborious work of the teachers would be entirely beyond our skill in the use of words. We will say, the singing was melody and rythm itself, the harmony could scarce be excelled by experts. A calesthenic drill of the sightless boys and girls by a blind teacher, was a marvel to witness, and finally, to see a score of blind

boys playing a combination game of town and baseball, was only excelled by the same number of girls playing hide and seek. Our readers will say these things are not possible. Our only answer is: Go to the Kentucky Blind Asylum and you can see all these, as well as some other wonderful things that are patiently taught to the sightless. This institution is the only one in this country that operates printing presses that print books for the use of the blind.

The sanitary condition of the buildings and grounds seemed to be absolutely perfect. The superintendent's name has slipped our memory, but we feel that all the same it ought to be printed here in capital letters. He is the right man in the right place. We've found it, his name is Prof. Huntoon.

On the second day the audience fairly filled the meeting room and gave the practical evidence that this is much the largest meeting of the Mississippi Valley Medical Association that has ever been held.

"Acute Ascending Paralysis," was the theme of an excellent paper by Dr. Joseph Eichberg, of this city. The same may be said of a paper on "Inguinal Colotomy, with Report of a Case," by Dr. Arch. Dixon, of Henderson, Ky.

Dr. C. S. Bond, of Richmond, Ind., showed the Association that he had continued his practical studies on "Urea and Its Influence on Mucous Membrane." "Hypnotism in Its relation to Surgery," was well illustrated in a paper by Dr. Emory Lanphear, of Kansas City. A very brief, but certainly one of the most useful of the papers read, was by Dr. Harold N. Moyer, of Chicago, on the "Hypodermatic Use of Arsenic." We expect to give our readers the benefit of this paper by publishing it in full.

One of the papers that excited a very animated discussion was read by Dr. John H. Hollister, of Chicago, on the "Help and Hindrance to Medical Progress," in which he brought out very fully the duty of the state in regulating medical education, after which he paid the medical press some very high compliments as spreaders of the medical news of the day, as well as leaders of scientific thought. The latter part of the paper, on the medical press, was conceded to be a happy and well put statement, but the educational topic brought some of the giants to their feet with statements of the subject from the standpoint of each. The men who are disconnected with medical colleges all urged a preliminary examination for students, equal to that for a high school diploma or teacher's certificate, while some of the professors

urged that a medical education could only be expected to aspire to that of their clients, *i. e.*, a good doctor should have an education to correspond with that of a good merchant, railroad man, lawyer, or minister, provided he has a *clientele* mostly made up of those classes. If his practice is among the illiterate a correspondingly limited education should go. It seemed sort o' queer to see higher standards and attainments advocated by those who are not practical teachers, while the reverse presented itself from the professor's side of the house.

This may easily be explained when we remember that those who are in an already overcrowded field with lots of active competition, are especially interested in limiting the number of future rivals; and also, they may be justly credited with having a professional pride that makes them desire to see men of a more cultivated intellect engaged in the practice of medicine. Such rivals always bring repute and higher fees. While the college professors feel assured of the higher fees that come from consultations with former students, and the greater the number of consultations; hence, the two sides of the educational question that was earnestly and ably discussed at Louisville. The subject is pregnant with fat things, and should be thoroughly discussed by the medical press.

"Perineal, versus Suprapubic Cystotomy," by Dr. H. O. Walker, of Detroit, was one of the best surgical papers read at the meeting.

In the evening a reception and banquet at the Galt House closed the labors of the day. At the reception, the ladies were there; youth, beauty, culture and refinement, blended with a mantle of hospitality, prevailed the nooks and corners, as well as the middle of the great parlors and drawing rooms. Wit, mirth and humor tickled the ribs of every doctor there present.

As there seems to be a finale to all good things, in the midst of those enticing allurements, the band began to play "Home, sweet Home." That means for us to go, was echoed from every woman's lips. The echo had in it a murmur and protest that, in our opinion, was entirely justifiable. The æsthetic and most gratifying, as well as refining pleasures of that evening, terminated when the ladies made their exit. We say this without finding fault with, or in any manner criticizing the banquet that followed, and which was very elegant and well seasoned with appropriate toasts; we simply say, and wish it distinctly understood, that this discrimination and cut of such ladies as those of Louisville is wholly without warrant and justification.



The exhibits. Since the introduction of elegant and artistically beautiful pharmaceutical preparations, highly polished and ingeniously made instruments, chairs, table and office furniture, the exhibit hall has been an attractive feature in most gatherings of medical men. This meeting of the Mississippi Valley Medical Association was not an exception in this regard. Without making an exhaustive list and note of those who were there, we will mention that of Wm. R. Warner & Co., John Wyeth and Brother, Reed & Carnrick, The Lamherth Pharmacal Co., The Antikamnia Co., Clark, Forbes & Co., J. A. Flexner, Lea Brothers & Co., D. Appleton & Co., R. W. Gardner, The Robison-Petit Co., and Benzoinal M'fg. Co., made not only creditable but very beautiful displays. To country physicians these exhibits are particularly valuable as illustrating the improvements that are continually being made in our materia medica. In fact, in no other place is there given so useful an object lesson to physicians as may be found in one of these exhibit halls. They are veritable expositions.

Dr. John A. Wyeth, of New York, on the evening of the first day delivered a popular address on "The Medical Student." The medical colleges being in session, the aforesaid student was numerously present at the lecture. The lecture was filled with good points and good things, very happily expressed.

There were a number of other good papers read, but owing to our other engagements, we were unable to hear and make a note of them.

The occasion was one long to be remembered. Success perched upon the banners of the Society, and next year we anticipate even a larger attendance than at Louisville.

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**TUBERCULOSIS.**—In the place of an original contribution, we give this month, a most excellent article on the etiology and prophylaxis of this disease from the *British Medical Journal*, by Dr. Arthur W. Ransome. It contains the most satisfactory ideas that we have yet seen on this subject, and our thanks are due to Dr. Q. C. Smith, of Austin, Texas, who was kind enough to forward the article to us.

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**SANDER & SONS' Eucalypti Extract (Eucalyptol).**—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Greifswald.

## THE SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION.

The next meeting of this Association will occur in Atlanta, Ga., November 11th, 12th and 13th, 1890.

The officers for the approaching meeting are as follows.

President—George J. Engelmann, M. D., St. Louis, Missouri.

Vice-Presidents—B. E. Hadra, M. D., Galveston, Texas; Duncan Eve, M. D., Nashville, Tennessee.

Secretary—W. E. B. Davis, M. D. Birmingham, Alabama.

Treasurer—Hardin P. Cochrane, M. D., Birmingham, Alabama.

Judicial Council—John S. Cain, M. D., Nashville, Tenn.; Wm. T. Briggs, M. D., Nashville, Tennessee; Hunter McGuire, M. D. Richmond, Virginia, Virgil O. Hardon, M. D., Atlanta, Georgia, Bedford Brown, M. D., Alexandria, Va.

Chairman of the Committee of Arrangements—Virgil O. Hardon, M. D., Atlanta, Ga.

Papers to be read, partial list:

The President's Annual Address, George J. Engleman, M. D. St. Louis, Mo.

How Shall We treat Our cases of Pelvic Inflammation?—R. B. Maury, M. D., Memphis, Tenn.

The General and Local Treatment of Gangrenous Diseases and Wounds,—Bedford Brown, M. D., Alexandria, Va.

Further study of the Direct and Reflex Effects of Lacerations of the Female Perineum,—J. H. Blanks, M. D. Nashville, Tenn.

Abdominal and Pelvic Surgery in America—Joseph Price, M. D., Philadelphia, Pa.

Intra-Ligamentous, Ovarian Cystoma,—Cornelius Kollock, M. D., Cheraw, S. C.

Anatomy and Pathology of the Ileo-Cæcal Region, Richard Douglas, M. D., Nashville, Tenn.

Wet Antiseptic Dressings in Hand Injuries—Wm. Perrin Nicholson, Atlanta, Ga.

The Best Route to the Bladder in the Male for Disease or for Foreign Bodies—Hunter McGuire, M. D., Richmond, Va.

Suprapubic Cystomy in a Case of Enlarged Prostate—Wm. H. H. Cobb, M. D., Goldsboro, N. C.

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Uterine Moles and Their Treatment—J. T. Wilson, M. D. Sherman, Texas.

Stricture of the Male Urethra—W. F. Westmoreland, M. D., Atlanta, Ga.

Treatment of Urethral Strictures by Electricity—W. Frank Glenn, M. D., Nashville, Tenn.

The Surgical Treatment of Empyema—J. A. Goggans, M. D., Alexander City, Ala.

Cases in Abdominal Surgery—I. S. Stone, M. D., Lincoln, Va.

Rectal Medication in Pelvic Troubles—W. Hampton Caldwell, Lexington, Ky.

Conservative Surgery in Injuries of the Foot—J. T. Wilson, M. D., Sherman, Texas.

The Management of the Infantile Prepuce—George Ben. Johnston, Richmond, Va.

The Ultimate Results of Trachelorrhaphy—Virgil O. Hardon, Atlanta, Ga.

Further Observations on the Dangers of Operative Delay in Prostatic Troubles, with Personal Experience—R. D. Webb, M. D., Birmingham, Ala.

Clinical History of the Epicycstic Surgical Fistula, with Cases—Jno. D. S. Davis, M. D., Birmingham, Ala.

Foreign Bodies in the Air Passages, with Report of Cases—John E. Pendleton, M. D., Hartford, Ky.

Cholecystotomy, W. E. B. Davis, M. D., Birmingham, Ala.

Two Cases of Laparotomy for Intestinal Obstruction—J. T. Jelks, M. D., Hot Springs, Ark.

Is Gonorrhoea Ever a Cause for Pelvic Inflammations?—J. R. Buist, M. D., Nashville, Tenn.

Conclusions drawn from Three Thousand Cases of Obstetrics—J. G. Griggs, M. D., Birmingham, Ala.

Treatment of General Septic Peritonitis—W. L. Robinson, M. D., Danville, Va.

A Case of Fracture of the Femur, due to Fragility—Hunter P. Cooper, M. D., Atlanta, Ga.

Inflammation in and about the Head of the Colon—L. S. McMurtry, M. D., Louisville, Ky.

Removal of Stone from Female Bladder through the Urethra, with Cases—W. O. Roberts, M. D. Louisville, Ky.

A New Jacket for the Treatment of Spinal Diseases and Injuries—G. A. Baxter, M. D. Chattanooga, Tenn.

A Review of the Treatment of Varicocele, with Cases—G. Frank Lydston, M. D., Chicago, Ill.

Exhibition of Pathological Specimens Removed by Laparotomy—W. H. Wathen, M. D., Louisville, Ky.

A Case of Strangulated Umbilical Hernia complicated with a large Uterine Fibroid; Supravaginal Hystrectomy and Radical Operation for Hernia—Joseph Taber Johnson, M. D., Washington, D. C.

The Indications for Operation in Ectopic Gestation—Chas. A. L. Reed, M. D., Cincinnati, Ohio.

The Indiscriminate use of Opium in the Pelvic Diseases of Women—H. P. C. Wilson, M. D., Baltimore, Md.

Report of Two Cases of Cranial Surgery—Henry L. Fountain M. D., Bryan, Texas.

Some Observations on Rectal Surgery—Shep. A. Rogers, M. D. Memphis, Tenn.

Cancer of the Cervix Uteri in the Negress—Howard Kelly, M. D. Baltimore, Md.

PERINEAL CYSTOTOMY VERSUS SUPRA PUBIC CYSTOTOMY, was the subject of a paper by H. O. Walker, M. D., of Detroit, Michigan, before the Mississippi Valley Medical Association. He said our fathers in surgery attacked the bladder through the perineum for the relief of disease, foreign bodies or obstruction. The operation from above was performed in 1856 by one Pierie of France and done at intervals afterwards, although condemned because of its high mortality. It has many advocates in high places and in this medical body, and few have had the temerity to say aught against the tidal waves of opinion in its behalf. The doctor here cited in detail five cases on which he had operated by suprapubic cystotomy. Of these four were fatal, one recovered. One case necessitated by an extensive sarcoma, another developed peritonitis, one septic infection, and the other the extension of a chronic cystitis due to gonorrhoeal infection of the kidneys.

The perineal method of reaching the bladder is the oldest known. When cutting has to be done, the medio-bilateral method presents the best advantages. The treatment of enlarged prostate with cystitis is equally efficacious by the perineal section and drainage. The read-

er then reported a case of prostratic enlargement relieved by perineal section. Six months after the operation the patient was entirely well, but still wore a rubber tube closed by a wooden plug which he removed every four or five hours when he wished to empty his bladder.

The literature of supra pubic operations since 1883, give a record of between three and four hundred operations with an average mortality of thirty per cent. Dr. Hunter McGuire had twenty-one operations with but a single death, and a few other operators a series of cases ranging from three to ten without a death, but these are remarkable records, and when we compare the many thousand operations by the perineal method, of different collectors, and find a mortality of but five, six, and seven per cent. rarely going beyond nine per cent., the author must conclude :

1. It is a safer operation.
2. That it is a simpler operation.
3. That it is more rapid in its results.
4. That it is adapted to more cases than that of supra pubic cystotomy.

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A DESERVED COMPLIMENT—Dr. Benjamin Ward Richardson, F. R. S., of London, Eng., has dedicated the sixth volume of his original work "The Asclepiad," to Dr. Joseph Jones, of New Orleans, La., in the following words :

To Joseph Jones, M. D., Professor of Chemistry and Clinical Medicine, in the Tulane University of Louisiana :

A model student of medicine, always seeking, always finding, always imparting, with unwearied industry, new and useful knowledge to the great Republic of Medicine, Science and Art, this the sixth volume of the "Asclepiad" is sincerely dedicated.

Dr. Richardson is the most eminent living British writer and authority in experimental therapeutics and practical hygiene. He has devoted his life to the elevation of the medical profession by his extensive original researches, and to the alleviation of the ills of humanity by his works on insanity and hygiene.

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ANNALS OF SURGERY.—In the October number of this journal we note two excellent originals, "The Dry Treatment for Open Wounds and Ulcers," by Dr. Henry T. Byford, of Chicago, and "Three Laparotomies on One Patient," by Dr. H. C. Dalton, the latter illustrating in a remarkable manner the wonderful efficacy and resources offered by modern methods of abdominal surgery.

The editorial articles pertain to Drainage of the Peritoneal Cavity; Surgery of the Gall-Bladder; Resection of the Articular Cavity of the Hip on Account of Septic Epiphyseal Infection; and The Development of Callus after Fractures of Long Bones.

There are reports on progress in operative Surgery, Surgery of the Extremities, Genito-Urinary Organs, Tumors, Bones, Joints, Orthopædic, and Gynæcological.

Published by J. H. Chambers & Co., 914 Locust St, St. Louis, Mo.

TRAUMATIC TETANUS—RECOVERY: Drs. Robt. Rayburn and A. W. Tancil, in a paper read before the District of Columbia Medical Society, report a case of Tetanus, in a colored boy aged 14, in which in addition to general constitutional remedies, such as quinine, cathartics, nutritious diet, etc., Battle's Bromidia was largely used, the case terminating in recovery. The total amount of Bromidia used from Aug. 18th until Sept. 26th, being  $\text{f}\text{3xv}$ ., and  $\text{f}\text{3ij}$ ., The Bromidia was given at first in  $\text{f}\text{3ss}$ . doses every two hours, subsequently in  $\text{f}\text{3j}$  doses and repeated as often as necessary to quiet the spasmodic attacks.

Dr. Rayburn said: "In the treatment of the above case it was found absolutely necessary to disregard the ordinary rules of dosage and give with a liberal hand the *Bromidia* in quantities sufficiently large to keep the muscles relaxed."

STANLEY'S recent Emin expedition was entirely equipped with Fairchild's Digestive Ferments in preference to any others and in the recent attack of Gastritis from which Mr. Stanley suffered, he was entirely sustained upon foods previously digested with Fairchild's Extractum Pancreatis.

The Civil, Military and Naval Departments of the British Government are supplied with the Fairchild Digestive products, and the Fairchild preparations for the predigestion of milk, etc., are especially preferred in India.



**THE PRESCRIPTION**—Dr. W. C. Wile, editor of the *N. E. Medical Monthly*, will commence a new publication at Danbury, Conn., in January next under the above title, and which will be devoted entirely to *practical therapeutics*, and will contain the favorite prescriptions of the leading members of the medical profession throughout the world, together with all the valuable prescriptions culled from the medical literature of the universe. Subscription price \$1.00 per annum. Dr. Wile is so well and widely known to the profession throughout the American Continent, that it can confidently be expected that we will have a valuable addition to the current literature of medicine.

Address all communications to Danbury Medical Printing Co., Danbury, Conn.

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**ANOTHER** valuable book just issued by J. B. Lippincott Company, is Prof. Garretson's *Treatise on the Diseases and Surgery of the Mouth, Jaws, Face, Teeth, and associate parts*. Upon the appearance of the first edition many years ago, it assumed the leading place as a text-book, to which its merit and the distinguished position of its author entitled it. Much important matter has been added to the new edition, together with numerous illustrations, which greatly increase its value to dentists, surgeons, and physicians.

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**ONE** of Reed & Carnrick's extensive factories at Goshen, N. Y., was destroyed by fire on the 10th inst. This factory was devoted wholly to the production of the Soluble Food and Lacto-Preparata and contained extensive and valuable machinery. They had considerable stock of these Foods at their New York office, and consequently there will be no delay in filling orders. The factory will be at once rebuilt three times the size of the one burned, with machinery correspondingly enlarged.—*Dietetic Gazette*.

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**THE REVIEW OF INSANITY AND NERVOUS DISEASES**, is the title of a new quarterly publication of which we have received No. 1. Vol. 1, Oct. 1890., which contains one hundred and ten pages of excellent matter pertaining to this special department of medicine. It is edited by J. H. McBride, M. D., Supt. Milwaukee Sanitarium for Nervous and Mental Diseases, and is published at Milwaukee, Wis. Price \$2 per annum.

# CONTENTS FOR NOVEMBER, 1890.

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## ORIGINAL COMMUNICATIONS:—

Extracts from the Milroy Lectures on the Etiology and Prevention of Phthisis. By Arthur Ransome, M. A., M. D., F. R. S. . . . .	451
---	-----

## SELECTIONS:—

The Treatment of Dysentery . . . . .	467
Bismuth and Gonorrhoea . . . . .	471
A World-wide Brotherhood . . . . .	473

## EDITORIAL, REVIEWS, ETC:—

Book Notices . . . . .	474
The Mississippi Valley Medical Association . . . . .	482
The Southern Surgical and Gynecological Association . . . . .	488
Perineal Cystotomy versus Supra Pubic Cystotomy . . . . .	490
A Deserved Compliment . . . . .	491
Traumatic Tetanus . . . . .	492
The Prescription . . . . .	493
Editorial Items . . . . .	493

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Vol. 12. NASHVILLE, DECEMBER, 1890. No. 12.

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## *Original Communications.*

### OBSERVATIONS ON MEDICAL MEN AND MEDICAL MATTERS IN EUROPE.\*

BY J. R. BUIST, M. D., OF NASHVILLE, TENN.

*Mr. President and Fellows of the Academy:* My impressions of what I saw in London hospitals, as well as at the British Medical Association, were somewhat disappointing; likely because we are apt to expect too much of those a long way off from us; "'tis distance lends enchantment," etc., etc. However, the greatest difficulty a visitor labors under is want of familiarity with places and days and hours. It would take several weeks to become sufficiently acquainted with medical matters in the metropolis to get the whole benefit of this immense field. An ac-

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\*At the regular meeting of the Nashville Academy of Medicine, October 9, a resolution was unanimously adopted "that Dr. J. R. Buist give to the Academy, at its next meeting, his observations of medical men and medical matters during his recent sojourn in Europe." We are gratified to present to our readers his remarks at the succeeding meeting, held October 23 ult.—[Ed. S. P.]

count of my visit to the Medical Association has already been published, so I will omit any further mention of that meeting.

The four hospitals I visited and saw any thing of in London were the Free Samaritan, King's College, Guy's and St Thomas'. The first, a small institution for diseases of women exclusively, and attended by Dr. George Bantock and Mr. Alban Doran, the one a most accomplished gynecologist and brilliant operator; the other a most scholarly and delightful gentleman.

They were about closing up the old building, in order to move into their new quarters, so I only saw a few operations. Asepsis and not antiseptics, is in vogue.

King's College Hospital is large and well built, but rather of the old style of construction. Dr. William Playfair is the gynecologist here, the author of our popular text book on midwifery, and William Rose, the leading surgeon. Dr. P. is quite a brilliant Scotchman and an excellent operative surgeon. The latter I took to be a careful and pain-taking surgeon; saw him do two operations for resection of nerves—one on the spinal accessory for the relief of torticollis; the other on the third division of the trigemini for facial neuralgia. The operating rooms are models of cleanliness; antiseptics, mercuric bichloride, boracic acid, carbolic acid and iodoform are freely used. I saw sponges in use here to some extent. Dr. Playfair brings his own with him, prepared and brought in a close bag.

Guy's is partly an old and partly a new building, with very extensive accommodations, and in the midst of a dense working class community. I was not struck with either the general sanitation, nor with the provisions made for antiseptic surgery. Mr. Lucas, a middle-aged man of fine appearance, is the most prominent surgeon. He is very distinguished for his brilliant record in renal surgery. I saw one operation for the removal of a calculus from the pelvis of the kidney, which evinced great power of diagnosis as well as surgical skill. The Pathological Museum here is one of the great attractions. Many of Sir Astley Cooper's specimens are in it; certainly a very fine collection.

Sir Thomas' is a very handsome and costly edifice, on the pavilion plan, on the banks of the Thames, opposite the Park

ment House, with every modern improvement but elevators. A Mr. Croft, a surgeon of some note, was in attendance at the time of my visit. The case to be operated on was a large tumor on the neck; everything was ready and the patient about to be anesthetized, when some one suggested an examination of the mouth. With the assistance of Sir William McCormac a careful examination revealed a carcinomatous growth on the tongue in the tonsillar region. The patient had been relieved some nights before from strangulation by tracheotomy, but this was the first discovery of the trouble in the mouth. Of course there was no operation.

Mr. Collingsworth, well known as an able writer, is the gynecologist here. He would not rank high as a practical man or a brilliant operator in this country.

In accordance with the genius of the English people, I saw fewer changes, after an absence of thirty years, in London than in any other place I visited. Some contend for simply cleanliness in surgery, while most use antiseptics rather in defiance of cleanliness. There is little unanimity among the London surgeons on this point, and the means of accomplishing either is not as thorough as one would expect in the home of Sir Joseph Lister.

Both ether and chloroform are in use, mostly the latter. It is usual to administer it in some fixed apparatus. London, of course, affords an immense field for clinical observation, but I think a young man who is master of French and German will find it much more profitable to pursue the study of medicine on the continent. Teaching, especially clinical teaching, is more systematized, and the fact that the Governments on the continent exercise more or less control, and provide for the maintenance of the medical schools and hospitals puts them on a more effective footing.

I had the good fortune to be present at the great Berlin International Medical Congress. But inasmuch as the journals have been filled with accounts of the meeting for the past two months, and also as I was not familiar with the German language, I will pass over the occasion with very brief remarks. It was a grand assemblage, and the talent of all nationalities was

well represented; but, of course, the celebrities of Germany were in the preponderance, while the German language was used in two-thirds of the proceedings. The President of the Congress, Prof. Virchow, is not an imposing personage; he wears a smiling, rather simple, expression of face. His fame and reputation, I think, is rather on the wane. The most popular and influential man in Berlin, I judge to be Prof. Von Bergmann.

The three great addresses before the whole Congress were those of Prof. Bouchard, of Paris, on "immunity from infectious diseases;" that of Dr. —, of Copenhagen, on "physical development of school girls," and that of Dr. H. C. Wood, of Philadelphia, on anæsthetics. This address was well received and gave great satisfaction. His opinion was that none of those now in use are perfectly safe, chloroform and ether being attended with appreciable risk, and that we need some new drug, efficient and less dangerous. He differed from the conclusions reached by the Hyderabad Commission, in that he believes that sometimes death from chloroform begins at the heart and sometimes at the lungs. His chief reliance as restoratives in threatened death is first in the inverted position of the body, forced artificial respiration, and pumping air into the bronchial tubes; then hypodermic injections of strychnia and digitalis. Rejects altogether alcoholic stimulation as tending to increase the coma.

The social and convivial entertainments during the week were on the most elaborate and magnificent scale. Wine and beer flowed in streams, and music without limit charmed the ear. Berlin is truly an imperial city and an honor to the great German empire, and the expenditures for the reception of the Congress were made with a lavish hand.

The hospitals attached to the University are magnificent buildings, with all modern appliances. Even the almshouse hospitals are fine institutions. One cannot but be impressed with the idea that medicine over there is one of the grand institutions of the State, and that the doctors are a potent factor in the community. Among the most noted Britishers at the meeting were Sir James Paget, who occasionally presided over the deliberations, Sir Joseph Lister, Sir Wm. McCormac, Mr. Lawson Tait

and others I do not now recall. The Congress must be in the main regarded as a great success, and its transactions when issued will be very valuable. I should say from what I could gather that the germ theory and Listerism in some form were very fashionable among the German surgeons.

The proverbial politeness of the Parisians was fully exemplified in all our visits to the hospitals of the great French metropolis; in fact, the American stranger may never feel any embarrassment in approaching a medical brother, no matter how limited his stock of French may be.

During the summer vacation very few of the leading celebrities are at home, and the surgical operating rooms are in good measure closed for repairs and purification. Still, by a little energy and push, one can see a good deal of surgical and gynecological practice, while there are many progressive and ambitious men of the younger class, as well as chefs-de-clinique, who take the place of the absentees, and afford opportunities of excellent clinical instruction; then the small number of students attending the clinique renders the service more profitable.

Many of the Parisien hospitals are very old, not well arranged, and apparently in unhealthy surroundings; yet there are others comparatively new and constructed on the best principles of sanitary architecture, with good operating rooms, perfectly aseptic.

The famous La Charitè, once the field of labor of the great Velpeau, is an old institution with wards for medical, surgical and gynecological cases. The St. Louis is very ancient, affords the largest collection of patients with skin diseases of any institution in Europe. The Hotel Dieu, where the eloquent Trousseau once lectured, and now enjoying the services of Germain Sée, is newly built on the pavillion style, with nearly a thousand beds, and with well arranged operating rooms.

Perhaps nothing impressed me so forcibly, after an absence of thirty years, as the great change that had taken place in the management of wounds, whether surgical or accidental, and the results obtained. Even in the hands of the great surgeons of that day—Velpéau, Nelaton, Malgaigne and Chassaigniac—suppuration was always expected, no matter what form of dress-

ing was used. Pus could be collected by the pint in all surgical wards, primary union was never seen. After every amputation the wound was stuffed with charpie, and suppuration and granulation went on for weeks before recovery took place. Meantime a large proportion of those operated on died of purulent infection or exhaustive suppuration. More than this, I never witnessed an abdominal section by any of those great masters, and hardly a resection of any large joint. What a marvellous change has occurred! A wonderful revolution, such as should fill us with admiration for the achievements of modern surgery. In all the injuries and surgical wounds that came under my observation I never saw pus but once, and this was in a stitch abscess after an abdominal section. Suppuration, after operative procedure, is never thought of, but adhesive inflammation invariably looked for. Whence comes this great change? To Lister, of England, and Koch, of Germany, must be ascribed the honor of having inaugurated this new system. Asepsis and anti-sepsis are fully believed in, and practically carried into execution, by all surgeons and gynecologists I saw in Paris. Absolute cleanliness about the operating rooms, the tables, instruments and hands, are never neglected, while the patients' bodies are thoroughly washed and cleansed. Sponges are entirely discarded. Absorbent cotton and gauze napkins, after having been carefully sterilized, are in use, and never employed a second time. In the preparation of women for operations, the utmost care is exercised in cleansing the skin, the external genitals and especially the vagina with anti-septic lotions. Such rigorous cleanliness has now been continued so long and so universally that the great end gained is the obstruction of pathogenic micro-organisms in the aggregate. The whole race of such germs are becoming extinct, so that if a surgeon were to neglect, in a few instances, such precautions, he might escape the old suppurative results.

The only anaesthetic I saw used in Paris was chloroform, given always without any apparatus, on a very small napkin, upon which thirty or forty drops were placed at a time, and the cloth held close over the nose and mouth. If the least variation occurs in the breathing, the end of the tongue is transfixed with a



forceps, and drawn out, while the lower jaw is held and forced upwards with the hand. I saw no *deaths* from chloroform, but saw many cases in which matters looked for a while very grave.

It must be admitted that the success of modern gynecology in France has not commanded that admiration in America which it has in either Germany or Great Britain.

If this deficiency ever existed, I am satisfied it will soon be supplied. With such able, energetic workers in this field as Doleris, Terrier, Tevillon, Bouilly and Pozzi, devoting their time and talents, with untiring zeal, France will not be long behind her neighbors. With M. Bouilly, whom I first saw at the Berlin Congress, I was much pleased. I was unfortunate in getting to his hospital just at the close of his service, and only saw the results of his work in fifteen or twenty patients in wards, recovering from laparatomies, vaginal hysterectomy and perineal restorations.

To M. Pozzi, however, I am under very many personal and professional obligations. He is in the prime of life, with a great future before him. His service is at the Pascal Annex to the Loureine, and some of the many cases operated on I will detail further on.

As a clinician, he is courteous and kind to his patients, quick in his appreciation of diagnostic factors, and careful in coming to a conclusion. As an operator, especially in abdominal surgery, he is the equal of any I saw abroad. I, however, predict that M. Pozzi's fame as an author will be beyond his other attainments. His work just issued on diseases of women, with special reference to operative treatment, a book of 1,200 pages, has already met with a very large sale. The examination I have been able to make of this work convinces me it is one of great merit. It is fully abreast of the times, giving on all important subjects, the German, English and American teachings, as well as the French. It is much more catholic in spirit than the majority of French works, and exhibits an extensive knowledge of this specialty, both in the theory and practice of all nations. An English version would be a great addition to our literature at this time, and I trust it will soon appear. The Loureine is the great venereal

hospital for females, as the Midi is for men, and the Pascal Annex has been built in the yard, contained fifty or sixty beds; a good operating theatre for ordinary cases, and another for laparotomies; absolutely aseptic, frequently scoured and painted, and previous to an operation filled with carbolic spray, as much to prevent dust rising as for the direct disinfecting effect. M. Pozzi has no sponges, but uses prepared bichloride gauze. He has it boiled to rid it of any excess of bichloride, cut in squares of eight by ten inches and folded four ply and stitched around the loose edges. This gauze answers the purpose of sponges and also protects the napkins. In doing abdominal section, he has the patient on a small, narrow table, the buttocks at the very end and the limbs hanging loose, but well wrapped in cotton. He sits between the separate limbs, with his instruments on his left in carbolic acid solution and a basin of sublimate solution on his right. He seldom makes a shorter incision than three inches. I should here state, that in all the laparotomies I saw, I was surprised to see how little gas the intestines contained; they were all thoroughly emptied and got in the way of the operator very seldom. This was secured in the preparation of the patients, not only by diet and salines, but by the administration of beta naphthol given for some days previous.

In extirpation of the uterus he uses the elastic cord ligature, stump extra-abdominal, surface cauterized with the Pacquelin cautery, and well covered with iodoform and tannin.

For ligating the pedicle in ovariectomies: silk sterilized, secured with the Tait knot. Before the patient is brought into the operating room, not only an ordinary bath is given, but the abdomen scrubbed with antiseptics; the genitals and vagina thoroughly cleansed and disinfected. The latter gets three douches during the morning before the patient comes on the table, and the rectum is well washed out once. He goes quickly down to the peritoneum, not stopping to control hemorrhage. Opens the sac pinched up in a dissecting forceps; then enlarges it on a grooved director so as to get two fingers in and finishes the incision. For small arteries he employs fine catgut; for sutures silk worm gut and catgut. He employs the cautery for controll-

ing bleeding in the cavity. After the ligature is applied to the pedicle he cuts the tube in two with the scissors and then completes the separation with the cautery point. His mode of sewing up the abdominal wound pleased me very much. He begins at the lowest angle to stitch the divided edges of the peritoneum and goes from him, with the continuous No. 3 catgut glove suture. When he reaches the upper angle he comes back with the same stitch in the muscular tissue. He then inserts two or three large silk sutures some distance away from the wound and leaves them untied until he closes the skin with the same continuous suture. Iodoform is dusted; bichloride gauze put on and an immense heap of cotton piled up and the flannel applied.

I saw him do a laparotomy for extirpation of uterine fibroma, of very large size, on a woman of 40. The tumor was growing rapidly. On opening abdomen, the omentum was found spread all over the tumor, closely adherent, and contained an immense number of veins unusually distended. It took an hour and twenty minutes to complete the operation. No large amount of hemorrhage occurred, although twenty or thirty ligatures were applied. It was an interstitial fibroma. A temporary elastic ligature fastened to it with a clamp and then secured with a silk ligature. No drainage tube was inserted. Patient was very weak when removed, but soon re-acted. The next day I found that she had become aphasic during the night with paralysis of the right half of the face and slightly of the arm. Dr. P. considered this due to a thrombus having formed in some of the large omental veins, carried to the lungs, and there a secondary thrombus formed; allowing an embolism to be lodged on the left side of the brain. But he thought it not a serious matter. For three or four days matters went on satisfactory; paralysis improved. On the sixth day fever supervened and every evidence of inflammatory trouble. This, however, subsided in a few days, and on the thirteenth day she was doing well.

Another case of some interest to me was a woman, 22 years old; mother of two children, last confinement over two years ago. She has never been well since. At some time in her life has a cough and looks delicate. Diagnosis, double tubal in-

flammation with pus. On opening the abdomen a pint of serous fluid poured out from the sac. The lower end of the omentum and the intestines and peritoneum near the pelvis, as well as the tubes and ovaries, were covered with granulations, and all much congested; one tube was filled with serum to the size of the thumb and much elongated; the other tube was very congested but small; ovaries small and hard. The inference without a microscopical examination was that this was a tubercular condition.

I also saw removed the appendages from a woman on Battey's theory. A multiparous woman, 22 years of age and apparently in good health, but had suffered for some years with ovarian pains; much backache; inability to walk much or to follow her avocation; great general nervousness and frequent attacks of hysterical epilepsy. Dr. P. said a variety of treatment had been employed without benefit, and he was justified in removing the tubes and ovaries, especially as she was a working woman. On removal, one ovary was seen larger than normal; the other smaller, but *in situ*. They were both sclerosed, with many small cysts filled with reddish fluid, Dr. P. thought this appearance quite characteristic in such hysterical cases.

Of the merits of the Paris School of Medicine, I could form no correct opinion, except what related to the anatomical department and the great Dupuytren Musuen. Through the politeness of M. Poirier, an assistant professor, I saw all the arrangements for studying anatomy in all its branches. It is doubtless the most complete in the world. The building is an immense one where eight hundred students dissect at a time. The dissecting rooms are to accommodate about one hundred. Each room is furnished with large wall-plates; disarticulated skeletons are fastened in various parts of the room. The bones of the skull are fixed on a frame under a glass cover, and a handle and crank for turning them over. I saw the preparation of subjects on a large scale. There were about three hundred in a state of preparation; the preserving fluid is forced in by gravity, from a vessel two or three feet above the subject. The minute anatomy rooms are very complete. The museum has thousands of specimens, all with a history recorded in the catalogues. I was struck with

the collection of enlarged and diseased tubes (fallopian) that has been there for thirty or forty years, and wondered how it was that our gynecologists of twenty years ago did not suspect that these organs were sometimes inflamed.

However, the most startling novelty that I encountered in my short visit, was the anti-rabic Pasteur Institute. When we remember how utterly without a remedy we were for the dread disease hydrophobia five years ago, and then see the success of the Pasteur vaccination, the confidence of both the profession and the laity in its virtue, we must surely admire the author as well as the results. The institute is nicely located in a small two story building, with a well kept garden in front. The first floor is divided up into waiting-rooms for patients, vaccination-rooms, offices and a few beds. On the second floor is the laboratory, chemical, bacteriological and sterilizing departments, where the virus is prepared and preserved.

When I was there M. Pasteur was not in good health, looked pale and did not perform any inoculations. The yard in the rear of the main building is occupied with kennels and cages for dogs and cats, and apartments for guinea pigs, rabbits, etc., etc. I saw on one day sixty-three patients vaccinated, belonging to all nationalities, classes and conditions. They were all said to have been bitten by rabid animals at some previous time, and in many cases the animals were still under observation. As is known to you all, the material employed is some part of the brain, medulla oblongata or spinal marrow of an animal artificially made rabid; this is dissolved in a sterilized fluid in certain and varying attenuations. When to be used a sherry glassful and covered with paper is placed on the table in the operating-room. M. Pasteur's assistant fills the hypodermic syringe, previously sterilized by being held over a stream of hot steam and then passed through the paper cover and filled. The injections are made one in each side of the abdomen; the whole thirty minims being injected. This is repeated every day or every few days for from ten to thirty times; the object being to saturate the system gradually and thus destroy the susceptibility of the subject to action of the virus during the period of incubation,

which is usually about three weeks. The success being dependent upon the time that the virus from the rabid animal will mature in the system. The experimental proof of the immunity established by this method is obtained thus: say two dozen dogs are selected: the cranium opened and either the solution of the spinal marrow of a rabid animal or the saliva injected under the dura mater in all these dogs, ordinarily the disease will develop within three weeks; if now the vaccinations are begun at once on one-half and carried out regularly, the result will be that nearly all those vaccinated will escape rabies, while those not vaccinated will all be seized. These experiments have been repeated hundreds of times. The clinical evidence consist in this: that although there are few reliable statistics, it is pretty well admitted that from 17 to 20 per cent. of those bitten in all parts of the body, and 90 per cent. of those bitten on face and head, die of hydrophobia; while the records of the institute show only a mortality of 4 per cent.

In 1887, Dujardin Beaumetz was the head of a commission to collect the records of bites in Paris, or rather in the Department of the Seine. This report shows that three hundred and six people so bitten, were treated at the Pasteur Institute, and that three of these died of hydrophobia, but that of the forty-four persons not inoculated, seven died of rabies; not 1 per cent. in the first and nearly 20 per cent. in the second.

There is no question now among the medical men of England, or Europe, of the prophylactic virtue of these inoculations, and I think Pasteur has the full confidence of all scientific men. Italy has six anti-rabic laboratories; Russia, seven; Turkey, Mexico, Brazil and other South American States have them; New York and Chicago have one each.

I think the time has come when we, in this section should be prepared to send to the most convenient institute, persons bitten by rabid animals, and it would be proper for the authorities to provide means of transportation for any poor person so bitten.

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## BELLADONNA IN SPASMODIC TROUBLES.

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BY Q. C. SMITH, M. D., OF AUSTIN, TEXAS.

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*Ed. Southern Practitioner* :—In August number, page 348, is reference made to belladonna—in preference to opium—to relax urethral spasms. This is correct and all right, except the tone of the article would lead the reader to infer at least, that such use of such medicine is new, or the idea original with Dr. Murray.

Now just how old the idea is, I have no means of ascertaining—nor is it important to so ascertain—but I do know, that for more than fifteen years I have used sulp. stropia for the same purpose, and the relief of other spasmodic pains. On two occasions I “got away” exclusively with old doctors—many years ago—by giving 1-25 grain sulph. atropia, after said old doctors had vainly injected morphine, as much as they dared (indeed to such a degree as to aggravate the pain) without relieving the patient. This dose, 1-25 grain, as you would suppose, made the patient’s face red, (and one became delirious for an hour or two,) and the other physicians said patient had fever, because mouth, throat and skin were dry. So I gave elixir jaborandi (no pilocarpine to be had then, 1874,) and the patient got quiet, went to sleep and perspired; after three hours, awoke, urinated, and passed several calculi and some uric sand.

Now in those days, I wrote to Prof. Bowling about these things, and how belladonna would stay proceedings in threatened abortion (and how opium would push on abortion,) and how like a charm it would ease the pains of dysentery, and stop the hemorrhage of the bowels; and wondered why my books—or Bowling—had not told me these (and many other untold things). Yes, for all these things, I am called a “crank,” because I do not do and think same as the regular orthodox machine made M. D.’s think proper.

By the way, I had the misfortune not to be more than half-made, but “just growed” in the backwoods at that; for which I

would be very sorry, if sorrow would do any good. For 'tis a great misfortune for any professional man to have to come up in rough surroundings, rough-hewed and unpolished, without book-learning, or the elegancies of refined society. For the lack of what these agencies bring, will often bring mortification to such unfortunates.

Belladonna is a great medicine; combine it with leptandrin and capsicum, and 'tis a sovereign balm for peristaltic woes. If I was not so poor, I would write a clinical medicine, and the largest half of it would be on therapeutics. We sorely need a new chair in all our medical colleges; the "therapeutical treatment of diseases."

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### *Selections.*

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**TERMS CASH.**—The question of fees plays no inconsiderable part in the social relations of physicians in every community, and is often a source of discord, jealousy, and heart-burning. How to remedy this is a problem.

Whether or not there is a remedy, other than a higher educational and normal standard to be demanded of those who enter the profession, is a matter of grave doubt. So long as men enter upon the duties of a practitioner from "trade" motives—whose sole aim in practice is to get the most money possible out of it—so long there will be underbidding, cutting, and all the unpleasantnesses that naturally follow.

Doubtless it is true, an often reiterated, "that the public should be educated to different views and standards regarding medical men than those that now generally obtain"—that they should be taught the physician's education, his instruments, library, and other appliances, are so much invested capital (for which he legitimately expects to be recouped with accrued interest) as much as the merchant's goods upon the shelves represents absolute cash outlay.

This is all very pretty in theory, and just as to fact; nevertheless another fact remains, that, for the ideas generally obtaining,



the profession itself is responsible, it alone having "educated the public" to their present understanding; and even herein, notoriously, doctors disagree. Again, it is impossible in any event for the community at large to grasp the embodied evidence in its full bearings, for the average human, in spite of all the possibilities in theory which language admits of, is really incapable of grasping and digesting that which is not tangible. Sugar and cloth are tangibles, therefore, while the development of skill, through brain power and the investment embodied therein, are intangibles—the strange grocer's, haberdasher's, or sadler's wares are matters of definite observation, but the wares of the strange physician are estimated through hearsay, and measured in individual "half-bushels," or by the possessor's evidence of wealth. It is then sheer nonsense to prate of "educating the community" to this and that—since any such social aggregation must be made up of varied types, classes, races, temperaments, and morals—until the much-talked-of millenium shall have made its advent and conformed all to a single standard; and then, if the promises are true, the physician will care as little about his fees as his patrons will about liquidating them.

There is, however, a remedy that, though incomplete, will in no small measures avert existing evils, viz: *Terms Cash*. There is no reason, temporal or spiritual, why a custom that obtains in no other profession or business, should obtain to the practice of medicine, viz., giving universal credit. Some one has aptly said the Americans are a nation of debtors, and this is certainly extraordinarily true of those who become the clients of medical men; at the same time, the opportunities afforded for the collection of debts are exceptionally and notoriously bad. Even with the executors of the deceased patient, the rule is: The bill of the undertaker first; that of the physician last.

Elsewhere, in England, France, Spain, Germany, Scandinavia, and even in Tartar Russia and heathen China, custom with all the force of law ordains that all outstanding indebtedness shall be settled at some definite period during the year; any failure to conform to this custom is deemed financial as well as moral bankruptcy, and inculcates alike, social, trade, and professional ostrac-

cism. Nowhere on the face of the globe save in the United States is it customary for a stranger to apply to a medical man, and having obtained advice, and ignoring all explanation, leave the consulting-room without a tender of payment or, perhaps what is little better, with the monosyllabic "*bookit*;" yet this is an every day occurrence in almost every physician's office in the Union. Consultations everywhere else mean "*Cash*;" then why should they not likewise mean "*Cash*" in this particular portion of the universe! No one thinks of treating the butcher, the baker, the candlestick-maker, in this summary fashion.

There is no sense in medical men pauperizing their patients—for this is just what such custom amounts to; and further, it is absolutely placing a premium on dishonesty.

Right here should be added that the custom of seeking and accepting hospital and dispensary appointments, without an adequate salary, is not only radically wrong, but pernicious, and moreover dishonest; not only toward other medical men, but toward the misled philanthropic founders, and toward the afflicted. And there are too many of both institutions and afflicted.

It is deemed quackery most vile to advertise through the columns of the lay press, and there is no salvation even through religious and medical periodicals; but the foundation of hospitals and multiplication of dispensaries, with gratuitous attendance upon them in a professional capacity, is only another expression of charlatanism, since it is well understood that the value of the services represents so much advertising outlay, and "trade" advertising at that! There are hospitals that absolutely put a premium upon patients, and pay the latter to become occupants of their wards, as a part of the trade advertisement of its medical men. Of course it is claimed that the latter contribute their services as an equivalent for experience, and this sounds well to the uninitiated; but as a matter of fact, in the majority of instances these services are of a most perfunctory routine character, and given only as a means of bringing the individual prominently before the public. It is an old and trite maxim that "What is worth having is worthy of being paid for," and this applies to hospital and dispensary attendance as well as in private prac-

tice. Further, the masses are beginning to recognize that a hospital or dispensary (or even college) appointment, is no measure of capability, educational or otherwise.

No wonder physicians are poor and leave their families paupers, so long as they do not exact their just dues, and continue to encourage the principle of "giving something for nothing." There is no profession or calling that contributes so much to charity into one-hundredth of one per cent. as the medical, and we regret to say that a deal of this charity, even aside from hospitals, etc., is foolish and wasted, and its effect in "educating the people" may easily be discovered on every hand. To encourage idleness and dishonesty is not charity, and a most sinful application of its mantle. As Tom Carlyle remarked in one of his fits of peristaltic perturbation :

"Let wastefulness, idleness and improvidence take the fate which God has appointed them, that their opposites may have a chance for *their* fate. He that will not work according to his faculty, let him perish according to his necessity."

For all this is the emanation of gastric griefs in a confirmed dyspeptic, there is a solid truth contained. Time was when the poor were oppressed, but now the pendulum has swung the other way, (judging from the account books of medical men), and they have become the *oppressors*. The man who can afford a dollar or two for a circus, twice as much for a Saturday evening's "spree" or Sunday outing, and as much again for a prize-fight, is a poor object of charity, yet such are the most clamorous therefor, and constitute a majority of the patrons of dispensaries. It has ever been a well recognized fact, that the *truly deserving* are not apt to make a parade of their necessities.

When the writer recalls a most estimable and scholarly physician and gentleman who enjoyed a large and supposedly lucrative practice in a neighboring city—who was industrious and economical—and yet when compelled "to pay the debt to Nature," left his family in abject poverty, he is inclined to loudly voice the old proverb that "Charity begins at home!" Of the thousands on this gentleman's books, scarcely enough could be collected to meet the extremely modest funeral expenses. He

had been too moderate in his charges, too earnest in his life-work to collect, too tender-hearted to refuse an appeal, no matter what its source. He was not appreciated for his real worth, for he lowered the dignity of his profession by small fees, and failure to enforce even these ; and now his name is almost forgotten in the community in which he lived and so faithfully and unselfishly served, while the memory of another physician, less a gentleman, less self-denying, less conscientious, and perhaps with less real ability, but somewhat famous for his dogmatism and high charges, and who demanded Charon's services a decade before, is still green.

Next to the matter of fees, that of collection is the greatest problem. The trouble is of like nature, the remedy the same. If medical men place a low value upon their services, it must be expected that these services will be held in like expectation by the public. "Terms Cash, or thirty, sixty and ninety days," with the alternative of entire severance of business and professional relations, is the only solution. The veterinary practitioner exacts his two dollars a visit, and his terms, invariably, are "cash or security," and he thrives where the general practitioner fails. His patrons give him little trouble, though his patients are not always the most agreeable, and the fee is forthcoming with the service. Surely it is a strange social condition when the "horse doctor" thrives, and the man doctor starves!—but then the former is not handicapped by charities as fulsome and misleading as they are undeserving.

We recall a man of wealth, and who still lives in luxury, no expense being too great where his own gratification is concerned ; who squanders money "like water" in his political projects ; who always demands a trifle more than the current value when he condescends to render a service ; and who likewise requires the closest and most personal attention on the part of his family physician. He is no way chary in calling upon the latter at all periods convenient or inconvenient, and needlessly detaining him for hours. Yet this man never liquidates his bill save at intervals marked by years, and when it requires three figures for enumeration of the total, and then, without any consideration of

interest, invariably demands a discount of 10 per cent. or more. He tendered a consulting physician, from a neighboring city, \$30 on one occasion ; and on another, \$100 to a veterinarian, from a like distance, called to see a *prize bull*. The charges made by his medical attendant are always reasonable, and exactly the same as those to his next door neighbor who commands less than one-tenth the capital and luxury.

Is this fair to the physician ? Also, is the physician fair to the poorer neighbor of whom he exacts a full fee because he pays promptly, and then discounts the man of wealth because the latter insists upon allowing his indebtedness to accumulate " without use " for three, four and five years ?

This is no exceptional instance, and so far as the medical man is concerned can be deemed nothing but misbegotten and useless charity. With some, such is lackeyism, but we are glad to believe this is a comparatively rare feature among general practitioners ; in most instances it is carelessness and the non-application of business methods in association with business men.

This brings us back to our text as the sole panacea for these evils, viz : " Terms Cash," and " business methods applied to business and between business men."

Brother practitioner, "be just before you are generous"—just to your family, to your brethren, to your patients all alike, and lastly, to *yourself* !

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**"A FEW 'POINTERS' FOR THE GENERAL PRACTITIONER."**—

A very valuable suggestion I received in the Windy City was in regard to the lightest kind of a fracture dressing. Plaster bandages are heavy and disagreeable to apply ; the same can be said of starch and the others. Get the stuff called "wiggins," used by the fair sex to stiffen certain portions of their clothing. Make it into the necessary size bandages, and when needed soak in hot water and apply ; in a short time you have a light, hard dressing, which can be covered with shellac, cut with a sharp knife, and laced as a corset or shoe.

We all have to throw a light into some cavity of the body at times, and the stronger the light the better, but the beautifully

nickel-plated, double lens concentrators cost more than we, perhaps, can just now afford. So, until our cash account grows, we will take a common police dark lantern, cut the rim from top and bottom, solder a piece of reflector on the posterior wall and set it on any kind of a lamp, and if the chimney won't fit inside put it on top, and you have a good concentrator of rays, and one which you can throw in your bag to carry and use anywhere.

After you have turned the light from this down some one's throat they will remember that the baby has an earache, and as you will need something better than the paper cone to blow the necessary boric acid at the diseased part, we will manufacture an insufflator; take a hard rubber thermometer case and an atomizer bulb, cut the thermometer case in half, drill a hole in the small end, and at the other wind a piece of stiff paper tightly, letting the paper project about an inch beyond the tube; now take the other piece, open up the end and attach the atomizer bulb, cut the other end bias, making a lip with which to scoop up the powder; fit in the paper, squeeze the bulb, and you have quite a respectable powder blower.

One who is liable to get surgical cases should not be without a half dozen pairs of hæmostatic forceps ready to hand; but if we are not the possessors of these valuable inventions of Tait, we go to a furnishing store and get a card of the ordinary clips one finds on the anterior extremity of our suspenders and on sleeve holders; for ten cents you have a dozen pair of hæmostatic forceps that have held a femoral artery in several cases. They are not built on the antiseptic plan, but boil and soak them in carbolic acid, and the germs will be too ill to cause any trouble.

None of these ideas are original, but I have tried them all and found them good; for the last suggestion I am indebted to Dr. Hurd, of Jefferson Hospital, Philadelphia, who I have seen use the clips on several occasions in preference to the regular forceps.—H. A. Starkey, M. D., in *Times and Register*.

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**HYPODERMIC TREATMENT OF ASTHMA.**—Miss E. M., 25 years old, born in Ireland, dressmaker, contracted a severe cold at the age of thirteen, by bathing her feet in a cold stream of

water while menstruating for the first time. She was confined to bed for nearly six months suffering with cough, shortness of breath and amenorrhœa. Her menses gradually reappeared, but remained scant and painful. Her asthma occurred frequently and continued until she was 18 years old, when, under the advice of her physician, she emigrated to America, where she seemed to improve for about two years. After this time, however, her health began to decline gradually, and the asthma returned with greater severity. She returned to Ireland, stayed there one month without relief and again came to this country, after which I saw her for the first time and treated her with indifferent success. Last January she had a severe attack of influenza, and, after convalescing from this, her asthma was decidedly worse. On June 9, 1890, she was bedfast, with her general health much impaired, and with marked loss of weight. Her appetite and digestion were poor, her pulse rapid and weak. There was no albumin in her urine. Loud sibilant rales were heard over the whole chest. Her family history shows that her father, sister and brother, and her uncle and grandfather on her father's side were sufferers with asthma.

At this time I gave her morphia sulphate,  $\frac{1}{2}$  of a grain, and atropia sulphate 1-120 of a grain, and ten grains of antipyrin, with ten drops of tincture of nux vomica every four hours, with favorable results, but after giving her this treatment for four days I decided to place her on hypodermic injections of strychnine and atropine, as recommended by Dr. Thomas J. Mays, in the *Medical and Surgical Reporter*, April 12, 1890. All other treatment was discontinued, and she received 1-50 of a grain of strychnine, and 1-200 of a grain of atropine every other day for two weeks. On account of the profound dryness produced by the atropine, even in small doses, it was then omitted, and the strychnine in the same doses was continued alone until Oct. 1, since which time she has been taking 1-30 of a grain of strychnine and two grains of Vallette's mass three times a day.

She has been free from asthma for three months, and has gradually but steadily improved. She weighs more than she ever did, and loses no sleep or rest at night; she has a good appetite,

and is able again to attend to her business, which she had been forced to relinquish. By Oct. 24, she had gained twenty-three pounds in weight.—William S. Higbee, M. D., in *Philadelphia Medical and Surgical Reporter*.

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**INSOMNIA OF CHILDREN.**—The treatment of insomnia of children is one of the most important subjects which come under the attention of medical men; for, while at times insomnia is not a very serious matter, many times it is very serious to both children and parents. In discussing the treatment of insomnia, Simon, as quoted in the *Revue Médical*, July, 1890, dwells upon the importance of searching for the cause, which is often very difficult to discover. Most frequently insomnia is caused by dyspepsia; and it is important to question parents as to the manner in which a child is fed, and to investigate the milk of the nurse, to see if starchy food had not been given too early, or even alcohol or possibly tea or coffee. Sometimes insomnia depends upon the fact that the evening meal is too large. Children as old as three or four years should not eat too much in the evening immediately before sleeping.

When the cause of insomnia has been discovered, the first duty of the physician is, of course, to do away with that. After this, hypnotics may be required; and, of all hypnotics, Dr. Simon truthfully says, opium is the very best. He says an attempt has been made to banish the use of opium from the therapeutics of infancy, but that this is entirely wrong. It would not be proper to give opium to a child suffering with constipation or disorder of the kidney's; but in the absence of such contra-indications, laudanum may be prescribed in the dose of a half-drop under one year, and of a drop each year after that. Syrup of codeine is a good hypnotic, and is admirably borne by little children. Half a coffeespoonful may be given under one year, and a spoonful for each year afterwards. The bromides are often useful, four or five grains at six months of age, seven or eight a year, and afterwards fifteen grains at a dose in the evening. Chloral is an excellent hypnotic, and, Simon says it is devoid of danger in the same doses as are recommended for the bromides. Simon ad-



vises that it be given preferably, in a lavement, using first a simple lavement to wash out the bowel, then the chloral, combined with camphor or musk, in the yolk of an egg, stirred up with a little quantity of water. He thinks the chloral is especially adapted to children who are threatened with convulsions, hiccoughs and jerkings.

These suggestions are very interesting as coming from a man of great ability and much experience, and especially because they do not consist in theoretical studies of this troublesome difficulty, but propose plain and practicable measures for curing it.—*Medical and Surgical Reporter*.

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TREATMENT OF SCIATICA.—G. M. Hammond (*Boston Med. and Surg. Jour.*) holds that rheumatism, gout and syphilis are not nearly so commonly associated with sciatica as is generally believed. The above named diseases probably lower the tone of the nervous system, and thus render it more liable to sciatica. Yet the majority of persons with sciatica, according to Hammond's experience, have never suffered from rheumatism, gout or syphilis.

Moreover, whatever the cause of sciatica, it should in all cases be treated as a neuritis, for such it is.

Two indications are to be fulfilled, namely the relief of the pain, and the treatment of the inflammation.

Pain, when severe enough, requires morphine. This is best injected hypodermically as near as possible to the nerve, as there is some reason to believe that morphine has a tendency to reduce inflammation of the nerve when brought into contact with it. Cases not severe enough for morphine may be treated by a 15 grain dose of phenacetin, which can be repeated in an hour if necessary. Antipyrine and antefebtrin can be used in place of phenacetin if desired.

The treatment of the inflammation of the nerve depends almost entirely on rest, application of cold, and the use of electricity.

Rest should be secured by keeping the patient in bed and applying a long splint reaching from the axilla to the sole of the

foot. Every fourth day, the splint should be removed for a short time, in order to render possible slight passive manipulation of the joints and muscles.

Cold is best applied to the sciatic region by ice bags.

Electricity is very useful, but only the continuous current should be employed. The negative electrode (nine by four inches in size) is strapped to the sole of the foot by elastic bands. The positive electrode (five inches square) is applied over the point where the sciatic nerve emerges from the pelvis. If there are any very tender points along the course of the nerve, this electrode can be changed occasionally so as to cover them. The strength of the current should not be such as to cause much pain, but should fall just short of doing so. The continuous current should be applied (without any interruptions) for five minutes, once or if possible twice a day.—*Med. Review.*

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**ARSENITE OF COPPER.**—This remedy for diarrhoeal diseases is probably the best, owing to the wide range of application during certain seasons of the year—the summer and autumn—when one will have frequent opportunities for using it in practice. Arsenite of copper (Schele's green) is prepared in the form of tablet triturates without compression, each tablet containing 1-100 grain (0.00064 gramme). Ordinarily, one might suppose that no therapeutic effect would be observed from such a small dosage, but manufacturing chemists tell us that both arsenic and copper, the constituents of this product, can be detected when the proportion is so small as 1 part to 10,000.

In the summer season there are frequent calls to attend children and adults suffering from diarrhoea, dysentery, cholera morbus, and like diseases. A history covering several days' illness may be secured; the stools are slimy, watery, and sometimes bloody, and are as frequent as from five to twenty daily. Arsenite of copper may be used with marked benefit in these cases. Dissolve one of the tablets in from 4 to 6 ounces (120 to 180 grammes) of water, and have the patient take one teaspoonful of the solution every ten minutes for an hour, and hourly thereafter. If the patient is a child six months old or less, of course

but a small portion of this dose can be given, but several drops can be given in the manner and at the times indicated, and the results, it will be found, are quite as satisfactory as when adults are treated. When desired, the drug can be prepared in the form of tablets, each containing the exact amount of the medicament for a single dose, and this precludes the need for the use of water, which is sometimes contra-indicated.—*New York Medical Journal*.

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UNNA'S TREATMENT OF ULCER OF THE LEG.—Dr. Hillebrand, of Cologne, has obtained excellent results with Unna's treatment. This consists in thorough cleansing of the leg with soap and water and application in a thick layer of the following paste to the parts, excepting the site of the ulcer.

R	Zinci oxidi.....	
	Gelatin puris.....	aa 10.00
	Glycerini .....	
	Aqu. destillat.....	aa 40.00

The ulcer is then sprinkled with iodoform, and covered with a layer of cotton and sublimate or iodoform ganze. Over this is applied tightly a doubled headed wet mull bandage, the ends crossing in front of the leg. The bandage should extend at least from the middle of the foot to the calf, and is supplemented by a second one similarly applied. The dressings are changed in from two to four or even eight days, according to the amount of discharge. The effect of this method of treatment is to stretch the healthy skin over the ulcerated surface, the integument being prevented from retracting by the application of the paste. The free escape of cutaneous secretions is not prevented by the paste as in the case of the adhesive plaster treatment. Hillebrand has obtained a complete cure in twenty-five cases where he employed this method. In all of them there was a rapid improvement in the local and general conditions, and the patients were able to work after application of the dressings. Equally good results were obtained in a case of chronic ulcer of the arm.—*Medicinische Monatschrift*.

**WHEN SHALL WE USE HYPNOTICS?**—In acute disease, particularly fevers, sleep is often a necessity, reducing the activity of the heart, removing more waste, and quieting the general excitability of the nervous system. In chronic disease there is frequently the same temporary need. In incurable disorders with pain and discomfort, in the restlessness of senility, hypnotics and narcotics—and used freely in the last years of life—are almost the chief justification of our service. Often in mental disease they are, for a time, all but indispensable. In some neurotic people their occasional use can hardly be avoided. In acute nervous and mental disturbance from profound shock, full and continued doses of narcotics may dispel most threatening symptoms. The individual must, of course, be taken into consideration. Many can be depended upon to use hypnotics only as directed by their physician; others can no more be trusted with them than certain persons with alcohol. Something of slight intrinsic hypnotic value may be intensified by its mental effect, and I am sometimes deliberately asked for a prescription upon which to build a mindcure. It is often imperative to prescribe a hypnotic, where it is best that a decided hypnotic effect should not be got. For this purpose a somewhat unpleasant drug is better than an altogether agreeable one, and the prescription which I use consists of a few minims of paraldehyde in a drachm of chloroform water. This can be repeated in the night several times, and be continued without harm.

In some conditions, even with acute maniacal symptoms, it is better to let the patient lie awake almost absolutely for two or three nights than give the amount of narcotics necessary to produce sleep.—Dr. Folsom, in *Boston Med. and Surg. Jour.*

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**FEAR OF DISEASE A PREVENTION OF MORTALITY.**—Dr. R. G. Eccles, in the *Popular Science Monthly*, says no one fails to send for a physician in typhus, yet only six persons in a million die of this disease since efforts were made to suppress it. Four hundred and twenty-eight in a million die of whooping-cough because it seldom frightens patients, and neighborly old ladies of both sexes give advice. Three hundred and forty-one

in a million die of measles because it so frightens as to induce the friends to send for a doctor. Two hundred and twenty-two in a million die of scarlet fever, because medical advice is sought sooner, and more implicitly obeyed. One hundred and sixty-eight in a million die of diphtheria, because it frightens more than most other diseases, and induces people to send for a doctor quickly. Thus we may class diseases as more or less fatal as people are afraid of them and seek proper advice to both prevent and cure. If people are not afraid of diseases, they act the part of fools by not seeking medical knowledge and skill, and so give the disease a chance to kill more people. Were it possible to cause people to so generally fear syphilis, gonorrhœa, etc., as they have been taught to fear diphtheria, their ravages would be diminished to a surprisingly large extent. It remains for the medical profession to teach the people a rational fear of these venereal diseases, so that they may use the proper measures for their prevention, as well as their cure.—*The Medical Age*.

**TREATMENT OF DIABETES.**—The New York correspondent of the *Southern Medical Record* states that Dr. Wm. H. Porter recommends the following as the best and most efficient treatment for diabetes:

R    Fel. bovis inspiss.  
       Quinn sulph.....aa ʒ ij.  
       Ext. nucis vomica.....gr. vi.  
 M.    Divide in capsulæ No. xx.  
 Sig.: One capsule before each meal.  
 R    Ext. hyoscyami, fl.....ʒ iij.  
       Ext. damiani, fl.....ʒ vi.  
       Potasii bicarb .....ʒ ss.  
       Mucilaginis .....ʒ ii.  
       Aquæ .....ʒ iij.  
 M.  
 Sig.: A teaspoonful every three hours.

In the treatment of diabetes, he says that restricted diet is not so essential, as restriction in the excess of food, to which these patients are markedly addicted. By regulating their diet in this respect, he considers the use of the above remedies the best and most efficient means of treatment he knows.—*St. Louis Medical and Surgical Journal*.

**PERITONITIS.**—Dr. Emory Lanphear concisely sums up the desiderata in the treatment of peritonitis as follows:

The saline cathartic treatment should be adopted early in simple acute peritonitis.

Small doses of calomel may be given to mild purgation in cases seen after the disease is fully developed.

Cases which fail to be relieved by cathartic measures should receive early operative interference.

Whenever peritonitis has gone on to that stage where the formation of pus is known or even suspected to have taken place, abdominal section and drainage are imperatively indicated.

— When the existence of tubercular peritonitis is diagnosticated, or strongly suspected, operation (exploratory incision) is justifiable.

Opium is only indicated in the second stage of peritonitis, and then not because it “forms a splint”, but because it relieves pain, sustains the heart, and prevents shock—thus combating the tenacity of death.—*Medical Age*.

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**A NEW TEST FOR ALBUMEN IN URINE.**—The following tests have been published by Zouchlos (*Rundschau*, 1890), and are recommended on account of their simplicity and accuracy: A solution of 1 part of acetic acid and 6 parts of 1 per cent. solution of corrosive sublimate is prepared; to this the suspected urine is slowly added, which at once produces a distinct cloudiness. This test is not affected by peptones, uric acid, or the phosphates. A still more delicate test than the above has been proposed by Zouchlos: Three ounces of a 10 per cent. solution of rhodium potash, with 6 drams of acetic acid; of this a few drops are added to the suspected urine. If albumen is present, there is at once formed a distinct cloudiness, which is insoluble in excess of the solution.—*Virginia Medical Monthly*.

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**INJECTION OF ETHER IN NEURALGIAS.**—Dr. Kums, of Anvers, recommends the employment of subcutaneous injections of ether in the treatment of rebellious neuralgias, especially of a rheumatismal nature. The dose is 15 minims, and pure sulphuric ether may be used. Dr. Kums prefers a mixture of equal

parts of alcohol and ether (Hoffman's anodyne). The injection should be as near as possible to the seat of pain. The doctor gives a large number of cases in which he has resorted to the remedy, embracing sciatica, corvico-brachial, cranial and facial neuralgia, torticollis, etc., and in almost every instance one injection sufficed to give almost instant relief. Some cases, however, required two, and a very few three, injections. The relief was most marked and certain in cases apparently linked with a pathological condition of the stomach and accompanied by gastralgic phenomena.—*National Druggist*.

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APPENDICITIS IN THE SCROTUM.—Dr. G. H. Monks, in the *Boston Medical and Surgical Journal*, June 5, 1890, reports an interesting case. The patient was a boy of thirteen months, who, when first seen, suffered from the presence of an inflamed swelling, which occupied the right half of the scrotum and extended up the inguinal canal. Aspiration withdrew a small amount of pus and the acute symptoms then subsided, a tumor, however, persisting. Incision over this revealed a structure two inches (5.10 centimetres) in length and the thickness of a lead pencil, which microscopic examination proved to be the vermiform appendix surrounded by the thickened tissue. It was excised, the patient making a rapid recovery.—*The Med. Analectic and Epitome*, June, 1890, p. 281.

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GREEN COFFEE IN AFFECTIONS OF THE LIVER.—Dr. Landarabilco, of Barbaste, has directed his attention to the therapeutic uses of green coffee in gout, gravel, nephritic colic and migraine. The coffee as employed is mixed thus: Martinique, one-half; Moka and Bourbon, of each a fourth. Portions of these mixed coffees, 25 grammes (3vj-gr. xxv) each, are put into a glass of water, covered as closely as possible, and macerated from ten to twelve hours, or more. In the morning, stir the contents of the glass, strain it, and let it be drunk on an empty stomach, cold, and without sugar. Food may be taken shortly afterwards. The therapeutic results are alleged to be in the last degree satisfactory.—*Journal de Médecine de Paris*, May, 1890.

**ARSENITE OF COPPER IN CHOLERA MORBUS.**—Dr. T. H. Stewart of Dixie, Ga., relates his personal experience with cholera morbus treated by arsenite of copper. After suffering three hours from deathly pain, agonizing tenesmus and frequent stools he dissolved one-hundreth of a grain in four to six ounces of water and took one teaspoonful every ten minutes for one hour and then one every hour. In one hour there was complete relief and after a refreshing sleep of five hours, he felt quite well except a slight lassitude and loss of appetite.—*Therapeutic Gazette*.

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**WHOOPING COUGH.**—

R Powd. balladonna root.....gr. 1-5.  
 Dover's powder.....gr. ss.  
 Sublimed sulphur.....gr. iv.  
 White sugar.....gr. x.

M. Sig. Take in one dose from two to ten times a day, according to age of patient and effect produced.—*Germain Sec, Journal de Medicines*.

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**VACCINATION.**—Surgeon Parke, who accompanied Stanley's Emin Pasha relief expedition, brings back with him an additional proof of the value of vaccination. Before the expedition started, the majority of the men were vaccinated by the doctor. In the wilds of Africa, an epidemic of small-pox broke out, and only four of the vaccinated men were attacked by the disease, and none died; while the camp followers, who had not been vaccinated, took the disease in its most virulent form, and died in great numbers.—*Am. Lancet*.

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**PICHI IN CYSTITIS.**—This remedy is highly spoken of by a number of practitioners in genito-urinary diseases, and more especially in cases of cystitis following operations, or from other causes. One of the best formulas is that of Dr. Hal. C. Wyman, which is as follows:

R Fl. ext. pichi (P. D. & CO.).....℥ i.  
 Potass. nitrat.....℥ i.  
 Simple elixir.....℥ iiii.

M. Sig.: Teaspoonful once in two hours.

—*St. Louis Med. and Surg. Jour.*



## *Reviews and Book Notices*

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THE MEDICAL NEWS VISITING LIST, for 1891. Philadelphia, Lea Bros. & Co., Publishers.

One of the handsomest and most excellent visiting lists, is that prepared for 1891, by Messrs. Lea Bros. & Co. Good paper, handsome leather binding, excellently arranged, it is truly gilt edge. In addition to a variety of tables, valuable as a means of ready reference, such as doses, poisons and their antidotes, therapeutic tables, weights and measures, there are others upon artificial respiration, ligation of arteries, signs of dentition, and of pregnancy, urinalysis, and a table of many of the newer remedies. The present arrangement of the book is the result of years of experience and will be found every way acceptable to the profession.

THE PHYSICIAN'S VISITING LIST. Lindsay & Blakiston's.

Strength, Compactness, Convenience, and Durability are the essential qualities which a good Visiting List should possess to resist the unusual hard wear it receives. These qualities are all combined in Lindsay & Blakiston's Physician's Visiting List, which has now been published for forty years. It is the most convenient for the pocket, and its contents are arranged in the most advantageous way, including many useful tables and specific information.

Aside from its other features, its size and weight recommend it. It measures  $6\frac{1}{2} \times 3\frac{1}{2}$  inches, and the smallest size weighs but  $3\frac{1}{2}$  ounces, and is only  $\frac{3}{8}$  of an inch thick. The large sizes are a little thicker and heavier. It is, however, the Smallest and Lightest Visiting List Published; a very great advantage, when you consider the number of articles the physician has to carry in his pockets.

No better evidence of the practical worth of the book can be

offered than the uniform popularity it has enjoyed, notwithstanding the competition of various imitations published during the past few years.

POST-MORTEMS. What to Look For and How to Make them. By A. H. Newth, London,. Edited with numerous notes and additions by F. W. Owen, M. D., formerly Demonstrator of Anatomy, Detroit College of Medicine. Cloth, 12mo; postpaid, \$1.00. The Illustrated Medical Journal Co., Publishers, Detroit Mich.

This book is replete with information that every person interested in necroscopy should have at easy command. It has not been designed to take the place of large works upon pathology by its authors, but to present, in a tabulated way, with quick side-head references, all the important conditions of an organ, met with post-mortem, either in health or disease. To the country physicians, who makes autopsies infrequently, it is especially valuable; also to the medical student who is occasionally in the "dead house" of the hospital. It is the only brief work of the kind now at command.

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## *Editorial.*

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### KOCH AND TUBERCULOSIS—LET US NOT BE TOO SANGUINE.

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A high meed of praise is unquestionably due to the distinguished German savant and scientific investigator, Dr. Paul Koch, for his earnest, painstaking efforts in the field of bacteriological investigation, and much good has undoubtedly resulted from his previous efforts in other lines; yet we must not be too hasty either in our condemnation or enthusiastic applause for his more recent statements in regard to Tuberculosis. It is greatly to be hoped, indeed, that his success may prove as marked here as elsewhere, but sufficient time has not yet

elapsed to fully sanction all that has been claimed for him by the secular press and some of his more enthusiastic admirers. We think it justifiable to go a little slow yet awhile, lest the bright rays of hope, so alluringly held out in regard to the most dread of all diseases, may prove but bitter apples of disappointment.

In his recent address at the Berlin Congress, which was mainly devoted to a consideration of the subject of Bacteriology, he said :

"I am convinced that bacteriology will one day be of the greatest importance from the therapeutical point of view also. It is true, I look for relatively smaller therapeutical results in the case of diseases with a short incubation period and a rapid course. In these diseases, as, for example, in cholera, the chief reliance will always have to be placed on prophylaxis. I am thinking more of diseases of less rapid course, as these offer more points of attack to therapeutic enterprise. And there is scarcely a disease which, partly on this ground, partly on account of its far surpassing all other infectious diseases in importance, so challenges bacteriological investigations as tuberculosis. Moved by these considerations, very soon after the discovery of the tubercle bacilli, I set about seeking for substances which could be used therapeutically against tuberculosis, and I have pursued this search, which has, of course, been often interrupted by other occupations, perseveringly up to the present. In the belief that there must be a remedy for tuberculosis I do not by any means stand alone. Billroth has in one of his last writings expressed himself with all possible distinctness to the same effect, and it is well known that the same object is aimed at by many investigators. It seems to me, however, that the latter have not as a rule followed the right way in their investigations, inasmuch as they have begun their experiments on man. To that I ascribe the fact that everything which people have believed themselves to have discovered in that way—from benzoate of soda down to hot-air treatment—has proved to be a delusion. Experiments must in the first place be made not on man, but on the parasites themselves in their pure cultures; even if substances have been found which have the power to check the development of tubercle bacilli in the cultures, man should not forthwith be chosen as the subject of experiment. But the question whether observations which have been made in a test-tube hold good also in living animal bodies should first be settled in animals. Only if the experiments on animals have proved successful should the method be tried on man. Proceeding according to these rules, I have in the course of time tested a very large number of substances to see what influence they would exert on the tubercle bacilli cultivated in pure cultures, with the result that not a few substances have the power, even in very small doses, of hindering the growth of tubercle bacilli. More than this, of course, a remedy cannot do. It is not necessary, as has often been erroneously assumed, that the bacteria should be killed in the body; in order to make them harmless to the body it is sufficient to prevent their growth, their multiplication. I have proved the following substances to be remedies which hinder such growth even in very small doses (to mention only the most important). A number of ethereal oils ;

among the aromatic compounds, naphthylamin, paratoluidin, xylidin; some of the so-called tar-dyes, namely, fuchsin, gentian violet, methyl blue, chinolin yellow, aniline yellow, auramin; among the metals, mercury in the form of vapor, silver and gold compounds. The compounds of cyanogen were especially conspicuous, their effect surpassing that of all other substances; even in a dilution of one to two millions they checked the growth of tubercle bacilli. All these substances, however, remained absolutely without effect if tried on tuberculous animals. In spite of this failure I have not allowed myself to be discouraged from prosecuting the search for growth-hindering remedies, and I have at last hit upon a substance which has the power of preventing the growth of tubercle bacilli, not only in a test-tube, but in the body of an animal. All experiments in tuberculosis are, as every one who has had experience of them has sufficiently discovered, of very long duration; my researches on this substance therefore, although they have already occupied me far nearly a year, are not yet completed, and I can only say this much about them, that guinea-pigs, which, as is well known, are extraordinarily susceptible to tuberculosis, if exposed to the influence of this substance, cease to react to the inoculation of tuberculosis virus, and that in guinea-pigs suffering from general tuberculosis even to a high degree, the morbid process can be brought completely to a stand-still without the body being in any way injuriously affected. From these researches I, in the meantime, do not draw any further conclusions than that the possibility of rendering pathogenic bacteria in the living body harmless without injury to the latter, which has hitherto been justly doubted, has been thereby established. Should, however, the hopes based on these researches be fulfilled in the future, and should we succeed in the case of this bacterial infectious disease, in making ourselves masters of the microscopic, but hitherto victorious, enemy in the human body, then it will soon also be possible, I have no doubt, to obtain the same result in the case of other diseases. This opens up an oft-promised field of work, with problems which are worthy to be the subject of an international competition of the noblest kind. To give even now some encouragement to further researches in this direction was the sole and only reason why I, departing from my usual custom, have made a communication on a research which is not yet completed. Allow me, therefore, to conclude this address with the expression of a wish that the nations may measure their strength on this field of labor, and in war against the smallest, but the most deadly foes of the human race, and that in this struggle for the weal of all mankind one nation may always strive to surpass the other in the successes which it achieves."

Since the adjournment of the Congress, occasional, and of more recent days, quite frequent heraldings of his actual success have appeared in nearly all of our leading newspapers, accompanied by more or less reportorial sensationalism.

Other investigations have been working on similar lines, according to *Le Mercredi Medicate*, of Aug. 27th ult.:

"Dr. Grancher and Dr. H. Martin deposited a sealed envelope with the Paris

Academy of Medicine in November, 1889, containing a description of a method of treatment by which they had arrested for a long time the evolution of experimental tuberculosis in rabbits. The publicity that Prof. Koch gave to the results he had obtained in making guinea-pigs refractory to tuberculosis, or in curing incipient tuberculosis, induced Grancher and Martin to publish their researches on the same subject earlier than they had intended. In all their experiments they had used the rabbit, making the inoculations by intravenous injections, obtaining thus a tuberculosis that was fatal in a short time, that made local treatment impracticable, and that gave rise to definite lesions in the liver, spleen and lungs. As the tuberculosis thus created was always fatal, there was a solid foundation that permitted of an exact appreciation of the positive or negative results of a method that was intended to confer a refractory condition or to cure after infection.

Inoculations were made, at the same time, in protected rabbits and in test rabbits in a vein of the ear, of the same quantity of a virulent culture of the bacillus tuberculosis diluted with a small quantity of sterilized water. In a series inoculated on Dec. 31, 1889, the test rabbit died on the twenty-third day, while the protected rabbits lived from a hundred and twenty-six to two hundred and twenty-nine days after the inoculation. The necropsies were negative; the spleen was small, and the liver was free from bacilli, though in the circumlobular spaces there were some embryonic cells, constituting a trace of a tuberculous process on the way to recovery.

They attempted to find a graduated virulence as well as a loss of virulence, and, while not mathematical, the results were sufficiently constant to be employed after the same fashion that Pasteur used desiccated spinal cords for treating rabies. The most virulent culture is designated as number one, killing a rabbit in five days or less; the cultures numbered two and three are fatal after a variable time, according to the resistance of the animal. Cultures four, five and six are less fatal, while cultures seven, eight, nine and ten decrease in strength and do not affect rabbits.

A rabbit is inoculated in a vein of the ear with half a Pravaz's syringe of a culture diminished in virulence to number six. In a week's culture number three is injected, and this is repeated in nine days; two weeks later culture number two. After inoculation with number one the animals usually die, though not so quickly nor with such severe lesions as the test rabbits inoculated at the same time. If the inoculations stop at number two, the rabbits live for months thereafter."

These experimenters believe that they have succeeded in giving to rabbits a prolonged resistance against sure and rapid experimental tuberculosis, and also in conferring an immunity against that disease, the duration of which remains to be determined.

It is to some extent auspicious, that as in other important eras of progress in medicine, more than one investigator is to be found working on similar lines. Yet, on the other hand, there are certain fac-

tors that suggest caution in too hasty a credence of such "good news;" yes, almost too good to be true.

In the first place, a sufficient time has not yet elapsed to fully justify the good conclusions so loudly and sensationally heralded by the columns of the secular press. Who, that has had any experience in pulmonary tuberculosis, that cannot call up numerous cases, in which the change of the medical attendant, or of general course of treatment, or of locality and climate, have awakened the brightest anticipations, not only in the ever-hopeful mind of the patient, but of fond and anxious friends; yes, anticipations that have sometimes gone on for weeks, months, almost a year, or more, that yet proved but Dead Sea fruit.

As of Pasteur's anti-rabic inoculations, which have not yet been fully satisfactory, if one attack gave an immunity this side the grave, more could be satisfactorily expected and anticipated. One can now, with the more recent advances in bacteriology, fully understand the *raison d'être* of Jenner's grand discovery coming closely on the heels of Lady Mary Montagu's, at that time, hazardous experiment. Variola is a disease that once occurring gives an immunity, and while like results, if the proper inoculating or injecting fluid could be discovered, would be readily acceptable in the case of measles, scarlatina, yellow fever, and other diseases with this peculiarity, can as much be hoped for Tuberculosis or Hydrophobia?

Finally, it would have been far more acceptable to the medical mind, which should always weigh well and judiciously every innovation or new development, yet be ever ready to grasp quickly that which is tenable, if Dr. Koch had given to the public the exact composition of his protective or curative compound. At any rate, we deem it best to await patiently farther developments, remembering that "all is not gold that glitters;" nor does "one swallow make a summer."

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THIRD ANNUAL MEETING OF THE SOUTHERN SUR-  
GICAL AND GYNECOLOGICAL ASSOCIATION. HELD  
AT ATLANTA, GA., NOV. 11, 12 AND 13, 1890.

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The Association is now in the third year of its existence, it having been formed in Birmingham, Ala., in 1887. It has been successful from its inception, and is steadily growing in membership. It is a Southern organization, but it is not sectional in the political meaning

of the word. It takes in all good men, whether from the North or South. But the intention of its organizers was that all of its meetings and conventions should be held in the South. The North has its organizations, all of whose meetings are held in the North, and Southern men have in the past been practically frozen out from the educational benefits to be derived from an interchange of views and mutual discussions of important questions.

The three successive annual meetings, held in Birmingham, Nashville and Atlanta, have been wonderfully satisfactory to every one taking part therein, and of no little interest to the profession at large. The papers read and the discussions upon them would have done credit to any medical body on earth.

The first day's session was called to order in Concordia Hall, at little after 10 A. M., Tuesday, Nov. 11th, ult., by the President, Dr. George J. Engelmann, of St. Louis, Mo., who introduced to the large assemblage of surgeons and gynecologists, Hon. Mayor Glenn, who delivered the address of welcome.

Mayor Glenn's address was replete with humor, and words of good cheer. He spoke pithily and to the point, and at the close was heartily applauded.

Dr. R. B. Maury's response to the Mayor's speech was likewise short and to the point, setting forth the object of the Association and of its present convention, and briefly touching upon the fact that the gathering before him contained men who in their special lines of surgery and gynecology were everywhere celebrated.

Among those present, were to be noted men who had taken high rank, not only in our beloved Southland, but throughout the entire Union for their scientific attainments and earnest devotion to their calling, among whom might be mentioned such names as Engelmann, of St. Louis; R. B. Maury, of Memphis; Hunter McGuire, W. L. Robinson, J. S. Stone and Bedford Brown, of Virginia; Joseph Price, of Pennsylvania; R. D. Webb, J. C. LeGrand, W. E. B. and J. D. S. Davis, of Alabama; W. D. Haggard, of Tennessee; W. H. Wathen, L. J. McMurtry and W. O. Roberts, of Kentucky; Henry Frazer Campbell, W. P. Nicholson, W. F. Westmoreland, H. P. Cooper, DeSaussure Ford, V. O. Haddon and others of Georgia; J. T. Jelks, of Arkansas; G. Frank Lydston, of Illinois; A. M. Owen, of Indiana; C. Kollock, of South Carolina; J. T. Wilson, of Texas; and Joseph Taber Johnson, of Washington, D. C.

After the report of the Chairman of the Committee on Arrangements, the first paper, by Dr. Maury, upon "How Shall We Treat Our Cases of Pelvic Inflammation?" was read. The paper was purely technical, and was a comprehensive review of the experimental history of pelvic inflammation. The opinions held by the distinguished reader himself upon the subject were accurately demonstrated by a careful study of cases which had been treated both by himself and brother practitioners.

Discussion on the paper was participated in by Drs. Campbell, Price, Hardon, Potter, McNulty, Reed, Ricketts, and Engelmänn.

With but one exception these gentlemen supported Dr. Maury's statement, that so-called cellulitis was very uncommon. Dr. Engelmänn thought that in certain extreme cases the symptoms of cellulitis existed, but in a secondary form.

The gentlemen agreed that in the majority of cases of pelvic inflammation operative interference is required. Of course, the instrument should not be resorted to unless the case is such as to clearly establish its necessity. Dr. Price is a pronounced advocate of the use of the operating instrument.

The next paper on "Abdominal and Pelvic Surgery in America," was read by Dr. Joseph Price, of Philadelphia, Pa. Dr. Price is considered one of the most expert operators in pelvic surgery in this country. His admirable paper was listened to with intense interest, and was so complete and comprehensive in its scope that at the afternoon session, when discussion was in order, but two gentlemen, Drs. Dean and J. D. S. Davis, had anything to offer in reply, and their expressions of views were very short.

Dr. Hunter McGuire was unavoidably absent during the first day's session and it was announced that his paper, "The Best Route to the Bladder in the Male for Disease or for Foreign Bodies," would not be read until all other papers and the discussions thereon are completed.

"Suprapubic Cystotomy in a Case of Enlarged Prostate," was the subject of the next paper, read by Dr. W. H. H. Cobb, of Goldsboro, N. C.

The paper was refreshingly short and incisive and was well received. It was discussed by Drs. Lydston, J. D. S. Davis, Price, W. E. B. Davis, Baxter and McRae.

Dr. Richard Douglass, of Nashville, Tenn., was not present when



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his name was called, and his paper on "Anatomy and Pathology of the Ileo-Cæcal Region," was laid over.

Dr. R. D. Webb, of Birmingham, Ala., was detained at home by sickness, and his paper, "Further Observations on the Dangers of Operative Delay in Prostatic Troubles, with Personal Experience," was also laid over.

Dr. John D. S. Davis, of Birmingham, Ala., was on the programme for a paper on "Clinical History of the Epicycstic Surgical Fistula, with Cases," but was excused on the ground of hoarseness, and the same disposition was made of his paper.

Dr. L. S. McMurtry, of Louisville, Ky., read an able paper on "Inflammation in and About the Head of the Colon." Discussion thereon was held by Drs. Price, Reed, Gaston, J. D. S. Davis, Cobb, Brown, Cunningham, Lydston and W. E. B. Davis.

President Engelmann's annual address was in the form of a lecture on "The Causes of Ill-Health in American Girls and the Importance of Female Hygiene."

It was read before a good-sized audience, composed largely of ladies, at Concordia Hall, in the evening. The lecturer especially instructed mothers to take all possible care of their girls during the critical period of their lives; to discard all false modesty and fully inform them upon their duties and responsibilities.

He also touched upon dress, mental training and physical exercise, and laid particular stress upon the importance of rest at proper periods from mental and physical labor.

The Association then adjourned until next day. Over one hundred doctors were present during the first day's session, and large additions were made thereto during the progress of the meeting.

#### SECOND DAY'S SESSION.

The report of the judicial council, presented by Dr. Hardon, was the first thing taken up at Wednesday morning's session of the Southern Surgical and Gynecological Association. Sixteen new applicants were reported elected to full membership in the Association.

They are: Drs. C. A. L. Reed, of Cincinnati, O.; George H. Noble, J. G. Earnest, J. McF. Gaston and W. S. Elkin, of Atlanta; G. A. Baxter, of Chattanooga; W. H. Hudson, of Lafayette, Ala.; T. A. Reamy, of Cincinnati; H. P. C. Wilson, of Baltimore; H. A. Kelly, of Baltimore; H. F. Campbell, of Augusta, Ga.; C. H. Mastin, of Mobile; R. J. Nunn, of Savannah; J. E. Naichase, of

Baltimore; Thomas Opie, of Baltimore, and G. H. Rohe, of Baltimore.

Dr. Potter and Dr. Reamy were appointed a committee to examine the books of the Secretary and Treasurer for the Association.

The first paper read was by Dr. C. A. L. Reed, of Cincinnati, on "The Indication for Operation in Ectopic Gestation."

It was discussed by Drs. Polk, Reamy, Price, W. E. B. Davis, McMurtry, Battey and Haggard.

"The General and Local Treatment of Gangrenous Diseases and Wounds," by Dr. Bedford Brown, of Alexandria, Va., was an able effort.

Discussion upon it was participated in by Drs. Brownrigg, Baxter and Lydston.

"Vesico-Vaginal Fistula, Aberrant Cases," was the subject of a paper, by Dr. H. F. Campbell, of Augusta, Ga. No discussion was held.

The next paper was by Dr. W. L. Robinson, of Danville, Va., on "The Treatment of General Septic Peritonitis."

This paper attracted much attention, and was exhaustively discussed by Drs. W. E. B. Davis, J. D. S. Davis, Ricketts, Cunningham and Reamy.

#### AFTERNOON SESSION.

At the afternoon session the programme was changed to allow Dr. T. A. Reamy, of Cincinnati, to read a paper on "Removal of a Stone 365 Grains by Vaginal Cystotomy from the Bladder of a Child Six Years of Age. Ureter Injured—Operations for Closing Bladder Difficult, but Ultimately Successful." The doctor exhibited the stone.

Dr. Reamy's paper was followed by one of like nature by Dr. W. O. Roberts, of Louisville, Ky., the subject being "Removal of Stone from a Female Bladder Through the Urethra, with Cases."

Joint discussion on these interesting papers were held by Drs. Polk, Westmoreland, W. E. B. Davis, McRae, Reamy and Roberts.

Dr. William Perrin Nicolson, of Atlanta, read the next paper, his subject being, "Wet Antiseptic Dressings in Hand Injuries."

The paper was one evidencing great breadth and deep research. It was discussed by Drs. Brown, Brownrigg, Campbell, Long, J. D. S. Davis, Baxter, Westmoreland, Lydston, McRae, Robinson and Roberts.

The last paper taken up was by Dr. J. T. Wilson, of Sherman, Tex. His subject was "Conservative Surgery in Injuries of the Foot."

Discussion was held thereon by Drs. Campbell, Lydston, Polk, Reamy, Engelmann, Robinson and Haggard.

At the next morning's meeting, the first paper to be read and discussed is by Dr. W. F. Westmoreland, of Atlanta, on "Stricture of the Male Urethra."

After announcing that the election of officers would be held next morning, the President announced the afternoon's session as adjourned.

#### THIRD DAY'S SESSION.

The third and last day's session was called to order by the President, at 9:30 A. M., November 13th.

The report of the Judicial Council was first taken up. It was entered by Dr. Hardon and recommended the application of eight new members.

They were elected, as follows: Drs. K. P. Moore, Macon, Ga.; D. J. Coleman, Richmond, Va.; P. B. Barringer, Richmond, Va.; G. B. Johnson, Richmond, Va.; L. C. Boshier, Richmond, Va.; Edwin Ricketts, Cincinnati, O.; J. G. Earnest, Atlanta, Ga.; J. B. Featherstone, Macon, Miss.

The limit of membership has now been reached and no more new applications will be entertained, for this year, at least.

The first paper taken up was by Dr. W. F. Westmoreland, of Atlanta, on "Stricture of the Male Urethra."

The young doctor went deeply into his subject, which was so interesting as to bring forth discussion from Drs. Baxter, Roberts, Brownrigg, Lydston, McRae, Cunningham, Griggs and Engelmann.

A paper by Dr. G. Frank Lydston, of Chicago, was an elaborate review covering ninety pages of foolscap on "The Treatment of Varicocele, with Cases."

It was thoroughly discussed by Drs. Westmoreland, Roberts, Baxter and McRae.

"A New Jacket for the Treatment of Spinal Diseases and Injuries," was the subject of an able paper by Dr. G. A. Baxter, of Chattanooga, Tenn.

It was discussed by Drs. Brownrigg, Roberts and Westmoreland.

The first paper taken up in the afternoon was by Dr. Hunter P. Cooper, of Atlanta, on "A Case of Fracture of the Femur, Due to Fragility."

Discussion thereon was held by Drs. Brownrigg, Baxter, Lydston, Brown, Roberts and Westmoreland.

Operations for Procidentia Uteri," was read by Dr. Geo. H. Noble, of Atlanta. It was an able and exhaustive production.

It was discussed by Drs. Campbell, Robinson, Featherstone, McMurtry, Hardon and Engelmann.

Dr. Hampton Caldwell, of Lexington, Ky., read a paper on "Rectal Medication in Pelvic Troubles."

It was discussed by Drs. Lydston and Campbell.

"The Surgical Treatment of Empyema," was read by J. A. Gogans, of Alexander City, Ala.

Dr. Lydston alone discussed this paper.

Dr. Edwin Ricketts, of Cincinnati, O., presented a special paper on "Stones from the Gall Bladder," and exhibited specimens of these stones, which were hard as rock, but of light weight. These cases are of extreme rarity, but Dr. Ricketts operated on five within seven months. From one person he took a stone weighing 190 grains; from another, a stone of 128 grains weight; from another, one of 170 grains, and from still another, 28 small stones, the aggregate weight of which was 190 grains. Previous to his having taken charge of these cases, three of them had been diagnosed and the affliction pronounced cancer.

This was the last paper read and the business of electing officers was then taken up.

Drs. Roberts and Campbell were appointed a committee on necrology to make a report, which will be incorporated in the forthcoming volume of the transactions of the convention just closed.

The following resolution was unanimously passed:

Resolved, That we tender our thanks to the members of our profession in Atlanta for the elegant reception given by them to us at the rooms of the Capital City club, and Major Mins, president, and other members of the club, for their attentions and hospitality.

Our thanks are also tendered to the press for their full and accurate reports of our proceedings.

We also thank our president, Dr. George J. Englemann, for the able manner in which he has presided, and for his generous hospitality.

Our thanks are also extended to Dr. W. E. B. Davis and other officers for their devotion to our interests, and faithful performance of the duties of their offices.

The convention then proceeded to the business of electing officers of the association for 1890, and concluded as follows:

President, Dr. L. S. McMurtry, of Louisville, Ky.; first vice president, Dr. W. McF. Gaston, of Atlanta; second vice president, Dr. T. J. Wilson, of Sherman, Tex.

The following officers will continue through 1891: Secretary, Dr. W. E. B. Davis, of Birmingham, Ala.; treasurer, Dr. H. P. Cochran, of Birmingham, Ala.; judicial council, Dr. John S. Cain, of Nashville, Tenn.; Dr. William T. Briggs, of Nashville, Tenn.; Dr. Hunter McGuire, of Richmond, Va.; Dr. Virgil O. Hardon, of Atlanta.

Dr. G. J. Engelmann, the retiring president, was elected a member of the judicial council in the place of Dr. Bedford Brown, of Alexandria, Va., whose term has expired.

Dr. Hunter McGuire was appointed by the president chairman of the committee on arrangements.

Richmond, Va., was selected as the place of holding the next annual meeting, which will convene on the second Tuesday in November, 1891.

President McMurtry was escorted to the chair by Dr. V. C. Hardon.

In yielding his seat to his successor, Dr. Engelmann spoke fittingly and gracefully as follows:

The hour for adjournment has arrived. The labors of the third annual meeting of the Southern Surgical and Gynecological Association have concluded, and as I now survey the field, I take pride and pleasure in congratulating you upon the work done; upon the results which have been accomplished, and the active interest of local physicians. The attendance has been larger and more papers have been presented and read, and we have added a larger number of new fellows to our members than to any previous meeting. We may well congratulate ourselves upon the success of the meeting. The plans of our excellent secretary have been most efficiently carried out by your active interest and close attention to work, etc.

This work has all been done and done well, and the mental strain has been alleviated and made pleasant by social intercourse and the generous kindness of our Atlanta friends.

It is long past the hour fixed for adjournment. Our paths now diverge. Steam will soon hurl us away to our distant homes, away from the pleasures of friendly intercourse and competition, to the accumulated work which awaits us, the realism of a laborious medical practice.

One year from now, in the city of Richmond, may we all again meet, laden with the fruits of another year's toil.

To me this hour brings relief—relief from the burden which has weighed heavily upon me for the past year, relief in the knowledge

that I can now resign the trust which you have imposed upon me into the hands of one far better fitted to receive it.

Conscious of my poor abilities, I accepted the office which your partiality bestowed upon me only upon the assurance that you would bear kindly with my failings, and would aid me by your counsel, and most generously have you carried out this, your promise.

I have endeavored to do my duty toward the society, and it has, indeed, been made an easy one for me. You have delt most kindly with my rulings, and I thank you most heartily for the consideration and forbearance which you have shown me.

The often arduous and trying duties of an office such as this have been made for me a pleasure by your kindly co-operation.

Dr. L. S. McMurtry the President Elect on being introduced made a few timely and appropriate remarks, closing with the following: The conception of such an organization originated with our able and efficient secretary, Dr. W. E. B. Davis, of Birmingham, Ala. To his energy and devotion to this great work is due the success of the enterprise. As to the eminent success of our efforts, I have only to refer to our volumes of transactions and the work of this meeting.

With the beginning of the work of the association I became a member, and have shared with the rest of you the labors of our meetings. To do so has been a privilege which I have enjoyed.

I love my profession; I love our beautiful south, and I love the southern people. But it has not occurred to me, gentlemen, that it was for me to receive the highest honor of such a distinguished body of my colleagues. When I look around me and see gentlemen of more than national reputation, whose contributions to our practice and literature are classical; when I am called to the chair so recently occupied by McGuire, gentlemen, I feel that I have been honored far beyond my merits.

I can only say, gentlemen, that I thank you for this distinguished honor; I thank you more than any words of mine can express. Gentlemen, I am only your executive officer, but I pledge myself to make the Richmond as successful, scientifically, as the Atlanta meeting. I cannot hope to do better than that, I therefore bespeak your assistance and co operation. Again, I thank you most cordially and heartily for the distinguished honor you have conferred upon me. [Applause.]

The Association then adjourned to meet in Richmond, Va., on the second Tuesday in Nov. 1891.



WM. K. GRIFFIN, M. D., Daniel, S. C., says: I was induced to try your CELERINA in my own case, having been troubled with periodic attacks of neuralgia for several years past, during which time I tried different remedies for relief, but with no permanent good effect. Having now used nearly a bottle of CELERINA, I am thoroughly satisfied with its remedial effects in this particular affliction, and truly thankful to say its results have been most excellent and gratifying in my case. Since I commenced the use of CELERINA my attacks of neuralgia have been less frequent, intervals much longer, and my nervous system greatly benefitted by its tonic influence. As a nervine I esteem it very highly, and without any exaggeration feel fully justified in saying it is an invaluable therapeutic agent, and can cheerfully recommend it to the medical profession as one of the very best nerve tonic. Pleasant, soothing and agreeable to the taste, it is emphatically a most excellent preparation, a *sine qua non* in every case.

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## CONTENTS FOR DECEMBER, 1890.

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### ORIGINAL COMMUNICATIONS:—

Observations on Medical Men and Medical Matters in Europe.

By J. R. Buist, M. D . . . . . 495  
Belladonna in Spasmodic Troubles. By Q. C. Smith, M. D. 507

### SELECTIONS:—

Terms Cash . . . . .	508
A Few Pointers for the General Practitioner . . . . .	513
Hypodermic Treatment of Asthma . . . . .	514
Insomnia of Children . . . . .	516
Treatment of Sciatica . . . . .	517
Arsenite of Copper . . . . .	518
Unna's Treatment of Ulcer of the Leg . . . . .	519
When Shall We Use Hypnotics . . . . .	520
Fear of Disease a Prevention of Mortality . . . . .	520
Treatment of Diabetes . . . . .	521
Peritonitis . . . . .	522
A New Test for Albumen in Urine . . . . .	522
Injection of Ether in Neuralgia . . . . .	522
Appendicitis in the Scrotum . . . . .	523
Green Coffee in Affections of the Liver . . . . .	523
Arsenite of Copper in Cholera Morbus . . . . .	524
Vaccination . . . . .	524
Pichi in Cystitis . . . . .	524

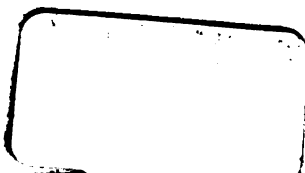
### EDITORIAL, REVIEWS, ETC:—

Book Notices . . . . .	525
Koch and Tuberculosis . . . . .	526
Southern Surgical and Gynecological Association . . . . .	530
Editorial Items . . . . .	539





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